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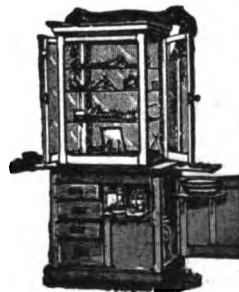
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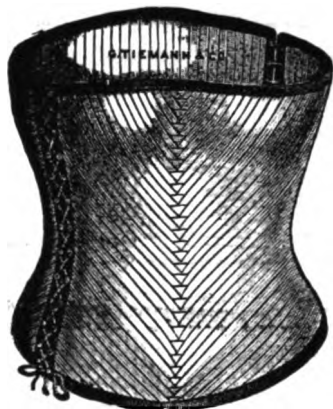
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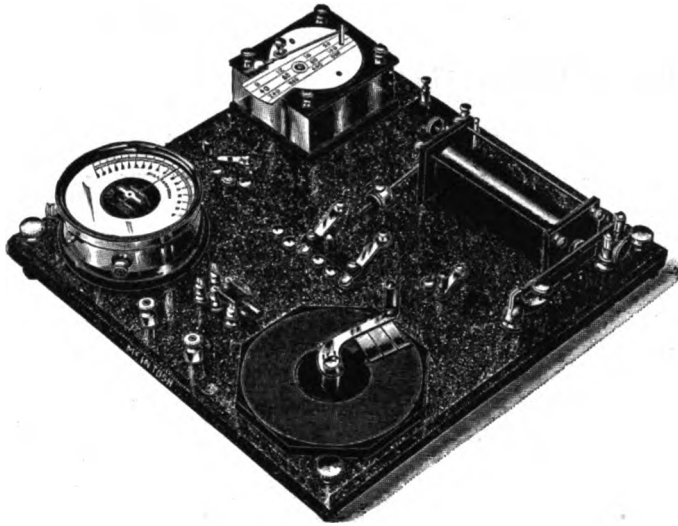
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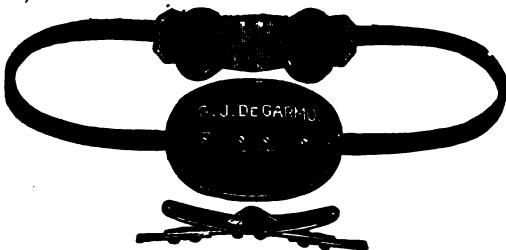
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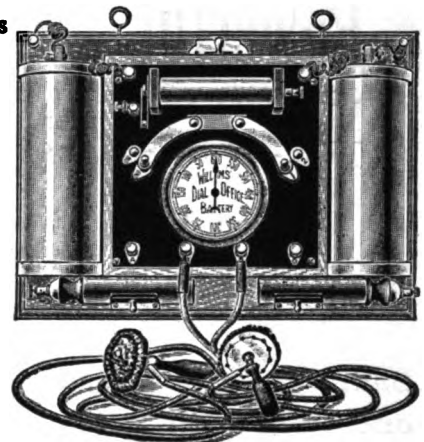
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# NEW YORK LANCET

JULY, 1901

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### *Treatment of Entero-Colitis and Allied Summer Digestive Disturbances.*

As in the popular mind, so in the professional mind, there seems to be more or less confusion as to the indication for rational treatment of diarrheal diseases of summer, both in children and adults. There are several causative factors in their production. In the cool weather many escape these disturbances, but the enervating effects of heat on the nervous system lower the vital resistance, and the influences which before were unseen become operative. This depressing influence also reacts upon the digestive tract, impairing appetite and lowering the standard of both stomach and intestinal digestion. In place of healthy digestive process, fermentative changes follow, leading on to flatulence, colic, and catarrhal inflammation of greater or smaller areas of the intestinal tract. Another important predisposing and exciting cause is indulgence in ice-cold drinks and ice cream, a fact which the laity seem slow to accept. When intestinal spasm follows gaseous distention, the time is ripe for inflammatory complications. Coincident with this is septic absorption from the alimentary canal, with a train of symptoms of varying severity. As to treatment, the indications are plain. Empty the alimentary tract promptly with castor oil or salines—in delicate persons castor oil in 3 iii to 3 iv dose; in more robust people sulph. magnes. If spasm is present quiet it by an opiate, and if there is any

doubt as to the ability of the stomach to quickly absorb it, use the anodyne hypodermatically. Under no conditions should the practitioner resort to the irritating vegetable cathartics. Calomel in small doses will aid catharsis and aid in intestinal antiseptics. Many have fallen victims to the disease by failure to promptly empty the alimentary canal. Removal of the patient to a cooler locality is sometimes imperatively demanded. The control of pain by the administration of codeia and camphor must have due weight. Keeping the patient in the horizontal posture relieves blood pressure. Ice water and ice have no place in the management of these cases. Hot sterile water is preferable. Here the value of intestinal antiseptics has a wide field. Salol and bismuth subgallate often act admirably. As to nourishment, it should be bland. Well-cooked rice, mutton, or chicken broth, and albumen combined with pure pepsin, are usually well borne, and lay the foundation for more nutritious food. Irrigation with sterile salt solution of the rectum and colon in dysenteric conditions has its value. So also anodyne enemas or anodyne rectal suppositories have their place, and relieve the stomach from too much medication.

The anthropometric fraction, says M. Bouchard in *Traité de Pathologie Générale*, is the figure obtained by dividing the body weight P (in kilograms) by the height H (in decimeters). This fraction in a normal adult should be represented by the figure 4 (or nearly), and corresponds to a certain amount of fat. By applying tables which he has drawn out, he is able to distinguish between corpulence, which is defined as the ratio between the weight of a subject and the weight of the average man of equal height, and adiposity, which is the ratio between the weight of fat actually present and the weight which should be present if the subject were normal. The standard of both being 1, he shows by illustrative cases that a subject may have a corpulence of 1.60 and an adiposity of 5.66.

# ORIGINAL ARTICLES.

## *Supravaginal Hysterectomy.*

I. S. STONE, M. D.,

Surgeon to Columbia Hospital,

Washington, D. C.

Hysterectomy for myofibroma, by the abdominal route, is growing in favor; the mortality of operations is being reduced, and the patients usually recover promptly and permanently. It is but fair to state our appreciation of some of the difficulties and uncertainties which add to the danger of the operation, and which retard convalescence or possibly prevent a full and complete recovery. Therefore, we propose in this brief paper to first note the immediate result of operations, and afterward to mention all important complications or sequelæ.

First, a word regarding the selection of cases.

Ten years ago it was a common experience to encounter delayed and complicated cases in broken-down subjects; while at the present time these are comparatively rare. This is clearly due to the early recognition of the growths, and an earlier resort to operation. This is one of the reasons for a lessened mortality, quite as important as a better surgical technique.

Hysterectomy was advised by the older abdominal surgeons only in cases where the tumor was very large, and when the life of the patient was seriously endangered, or when great pain or discomfort forced the patient to undergo an operation, whose mortality was fifty or even seventy-five per cent.

Quite the contrary at the present time, as some operators openly advise removal of every appreciable tumor, while others follow this radical practice without hesitation if the patient offers no objection, although they may not publicly announce their extreme views.

In selecting cases for operation we find the operation most needed in those patients who have some complication. The associated pyosalpingitis may prove an embarrassing complication, but a competent surgeon never refuses operation in such cases, and will nearly always cure his patient. The various forms of degenerative mischief always necessitate operation, although we frequently are unable to ascertain the presence of such disease until the operation is in progress. The general condition of the patient may demand attention before operation, and especially if she is profoundly anæmic. Such patients have few

red blood cells, and diminished hemoglobin, and are bad subjects for prolonged operations. We have learned to appreciate these indications rather than to be concerned about an abnormal heart sound, or even the presence of a small amount of albumin, or a few casts in the urine.

The practical question regarding abnormal heart sounds is this: "Does the heart do its duty, or is a valve insufficient?" Irregular heart action, as a rule, does not contra-indicate operation. We, therefore, frequently select cases for operation having irregular heart action, as we often do those with murmurs, yet which really give the patient no discomfort, and in no way add to the danger of operation.

The preparation of the patient is not in any way different from that usually demanded in other abdominal operations. The choice of anæsthetic should be made according to the experience of the anæsthetizer. Ether is preferable, unless we have an expert chloroformist. The choice of method must also be left to the operator, who always develops a predilection for the plan which fits him best. The writer still uses the horizontal position as a rule. He ties all vessels easy of access, or clamps them before cutting away the specimen, and believes there is less blood lost in this way. In certain cases, Kelly's method of tying down one side, cutting across the cervix, and clamping the exposed uterine artery, is a most excellent suggestion, although not generally practiced by the writer. His recent suggestion, to divide the growth in the median line, has not been tried. "Catgut only" is our motto for suture material. The "angiotribe" will answer quite as well as the clamp and cautery, but is not considered absolutely necessary in abdominal hysterectomy, since we can now dispense with the use of silk sutures and ligatures.

The patient is generally shocked more by the removal of a myofibroma, than by the removal of an ovarian tumor of equal size. There is usually more blood lost in hysterectomy than in ovariectomy, and there is greater traumatism. This does not, however, prevent one from having a long run of successful cases, and from obtaining a low mortality rate of five to seven per cent.

Patients have less pain since we abandoned mass ligatures of silk. Running sutures of catgut are used on the broad ligaments, and we are satisfied that there is less sloughing or necrotic tissue than before.

We fail to observe any unusual symptoms after hysterectomy peculiar to this operation, or dif-

ferent from those seen after other major surgery. Wound infection and ventral hernia are so rare after hysterectomy that we can only regard them as most exceptional. The same may be said of peritonitis. It must indeed be exceptional and a most distressing accident, that would result in a fatal case of peritonitis after any abdominal operation, in which infectious material, or disease, was not already present.

We are, however, forced to acknowledge that cases of phlebitis do occur, and occasionally with fatal result. Sudden death has twice occurred in the writer's experience, probably due to embolism, which resulted from infectious phlebitis.

With the exceptions noted, our patients recover quickly and permanently. There is no neurotic, or other condition, which continues to harass the patient, which may be considered a result of the operation for the removal of a fibroma of the uterus. If there are such symptoms they may be due to the removal of the ovaries, but not the tumors or the uterus itself.

We find the results from this operation quite satisfactory and successful. We have performed hysterectomy thirty-six times since we had a fatal result. During the last four years sixty-two operations give a mortality of four. One of these was a myomectomy performed during the fifth month of pregnancy.

1449 Rhode Island Avenue.

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### *Treatment of Genu Varum and Genu Valgum.\**

CHARLES DWIGHT NAPIER, A. B., M. D.,

Orthopedic Surgeon, Kings County Hospital; Associate Orthopedic Surgeon, St. Mary's Hospital; Clinical Assistant, Hospital Ruptured and Crippled, New York.

The statement is so frequently made by medical men, as well as by the laity, in commenting upon bendings of the legs in children, "He will grow out of it," that it is well to take every opportunity to counteract this false impression, which in the large majority of instances is not borne out by results. The idea is, however, based upon fact—that is, the fact that a small percentage of cases have undoubtedly entirely grown out of the deformity without any mechanical aid. This, however, should not influence us in recommending no treatment, any more than in any disease, many of which would after recover without our assistance. The fact that the larger proportion of children will not grow out of bow-legs or knock-knee may easily be proved by anyone who will take the trouble to note the relative pro-

portion of these deformities in the boys and men he passes on the streets of New York. The number of bow-legged men counted by Whitman on the street was four hundred out of two thousand. The proportion among small boys would be about the same. A little thought along this line should make one careful to properly enlighten the mother, and to institute treatment early, which at that time may be extremely simple, and thus save the child the trying nickname, "bandy-legged," or save the mother the trying necessity of submitting her child to an operation for correction. The family physician must be the one upon whom the burden rests, for to him the mother goes if she questions the opinion of her women friends—"He will out-grow it."

The bendings which the legs of children are liable to are various: Genu valgum, or knock-knee, which is usually produced by a lengthening of the internal condyle of the femur—the bones in the leg being straight; genu varum, in its limited meaning, the knees going outward, caused by a greater lengthening of the external condyle—the bones being straight, a bending outward of the tibia and fibula; a bending outward of the femur; an anterior bending of the tibia or the femur; and any combination of the above. There may be bowing in one leg, knock-knee in the other; or an anterior and lateral bowing together. The bowing is seldom limited to the knee alone, the leg is as a rule involved with it; likewise the bowing is seldom confined to the leg—it being usually present to some extent in the knee. In knock-knee, however, the deformity is found most frequently solely in the knee. The location influences the treatment when mechanical appliances are used. (It must be remembered that normally in very young infants there is a slight outward bowing of the leg.) In taking up the treatment it will be well to speak briefly of prevention. The pride of mothers in their early-walking offspring should not be encouraged. The child should be held back, not hastened, in the acquirement of this accomplishment. As to the proper age for a healthy child to begin walking, it may be said to be two or three months after he shows a desire to walk. Rachitis, which is practically the essential predisposing cause of genu varum and valgum, is present in childhood more frequently than often is realized, as it may be but to a slight degree. Any symptoms of this disease should contraindicate walking until treatment has brought the bones back to their normal hardness. Walking upon soft bones is not the only factor in causation. The deformity may occur before the upright position has been assumed. Some children when sitting on the floor get in the habit of crossing the legs. The pressure of one leg upon

\* Read before the Associated Physicians of Long Island, June 15, 1901.

the other, when the bones are not sufficiently hard, will easily produce a curvature. Anterior bowing in the tibiae is probably always brought about in this manner. A predisposed child should not be allowed to always assume the same posture. If a case can be seen early, with just a beginning deformity, simple methods obviate the necessity for future use of braces. The building up of the soles of the shoes, a quarter inch, on the outer border for bow-legs, on the inner border for knock-knees, will throw the leg over in the desired direction and tend to straighten the deformity. The mother should be directed to aid in the straightening by morning and evening manipulation, the bone being firmly grasped, and the convexity of the curve pushed inward. The more this is done the quicker a perfect result will be obtained. The limbs should be rubbed with alcohol. Bow-legs at night may be banded together.

The physician's advice will often be asked in regard to toeing-in. This to a slight degree is normal in a child, and is much to be preferred to the opposite condition, as it is nature's method of protecting the ligamentous attachments of the inner border of the foot, which are weaker than those on the outer side. Further, toeing-in is a symptom and accompaniment of knock-knee, and will usually be overcome by treatment directed to the latter—the building up of the shoes on the inner border, or braces. If it is not, a simple contrivance may be adopted. A webbing strap is attached behind to a belt about the waist and passes spirally down the leg from without inward, making two turns, and is attached to the outer side of the toe of the shoe. If the bending of the bones is to a greater degree, mechanical or operative treatment must be resorted to. After the fourth or fifth year braces will seldom correct, but the selection of measures to be adopted will depend upon the degree of hardness of the bones. Under four years of age surgical interference will rarely be necessary, except with an anterior bowing, where braces will do but little. If the case is one for a brace, operative procedure should not be considered scientific treatment, for by that method the bone is not straightened—a long curve is merely broken into two short curves, whereas the mechanical device does bring the bone back to the normal. An operation is a shock to mother and child alike, and, too, must be followed by brace protection if done while the bones are still soft, or the case will be apt to relapse. The selection of the form of brace will depend upon the location of the deformity. If the knee is not involved, and the bending merely in the tibia, the ordinary short bow-leg brace is indicated. This consists of double steel uprights attached to a sole plate below, above to a band passing under

the calf. There is a joint at the ankle, and the inner bar is extended upwards and ends in a pad which is to rest against the internal condyle. A canvas or leather lacing fastened to the inner bar passes about the leg, being laced in front. In place of the sole plate, which goes inside the shoe, the brace may be attached outside to the sole of the shoe. This adds somewhat to the cost, but gives a much neater appearance. When the knee also is curved outward, this support will not be sufficient. If but slight, the short brace with raising the outer border of the shoe will do; if greater, a long brace will be required. The one used in the Children's Hospital, Boston, is an inside steel upright attached by a plate to the shoe, jointed at the ankle, and running up nearly to the origin of the adductor muscles. An arm then passes forward and outward, fitting the groin, and around posteriorly on to the dorsum of the ilium. An objection to this brace is that it makes its counter pressure for traction on the upper third of the femur, and tends to produce a bowing outward at this point where bowing is often present.

The brace which is now generally used at the Hospital for Ruptured and Crippled is one which I adapted from another form of brace to secure traction at any or all points of the limb. It is simply a modification of an ordinary long brace, with double uprights, the inner bar passing up to the perineum, the outer bar to the anterior spine of the ilium, jointed at the hip and connected with the brace of the other leg by straps passing about the body. This is heavier and more clumsy appearing, to be sure, but it does the work. None of these braces should be jointed at the knee—pressure effects would be partially lost. The best brace for knock-knee consists of a single outside upright, fastened in the heel, with a pad over the trochanter, thigh and calf bands for support, and a pad to draw the knee outward. A bandage properly applied, however, is much more efficient than a pad. The pad is apt to simply rotate the knee outward to the bar and not draw it out. The bandage should be applied, with a turn around the leg, passing underneath the leg outward, thus rotating the limb inward. These appliances are usually removed at night, and evening and morning manipulation of the leg practiced. This manual treatment should be considered as important as the mechanical. It is a waste of time to submit hardened bones to the above methods, and these, with the cases which have shown no improvement in braces, will have to be subjected to operative treatment. One should not advise the mother, "Never mind a little curving in the leg"; when a child grows up, he does mind it. The surgical procedures are simple, safe, and effectual. The best and usual method of the present day is a subcutaneous

osteotomy done at the point of greatest curvature. A narrow chisel is used, cutting through the greater portion of the bone; the remainder of the bone is broken with the hands. The fibula is better broken. Where the external condyle of the femur is elongated, and the knee consequently bowed outward, the osteotomy is done just above the epiphysis. It will frequently be necessary to operate both above and below the knee. A sterilized pad is placed over the wound and the leg incased in plaster. In knock-knee the Macewen operation—subcutaneous osteotomy just above the condyles—will secure the best results. It is unnecessary to take out a wedge-shaped piece of bone. An anterior bowing of the tibia should always come to operation. Here the cutting out of a V is indicated. Care should be taken after section of the bone in all these operations to put the limb up in an over-corrected position, otherwise there will be a relapse. The plaster is kept on about four weeks, and the child kept off its feet two or three weeks longer. Should there be any active rickets present, and in fact in most young children it would be advisable to continue a protective brace for a few months.

1277 Bedford Ave., Brooklyn, N. Y.

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### *Cyclical or Recurrent Vomiting.*

STANLEY M. WARD, M. D.,

(Late Attending Physician to the Department of Diseases of Women and Children, City Dispensary, Scranton, Pa.)

Hampton, N. H.

Although the diagnosis in the following case was not made till after its unfortunate ending, some such idea of its genesis and termination was given to the parents almost at the start, and the death certificate was made out as "exhaustion from pernicious and obstinate vomiting."

Ralph T. was attacked with slight febrile movement and vomiting one day during the early fall of 1899. After a day's sickness, with no apparent let-up to the symptoms, I was asked to see him. Was told that this was the third or fourth attack of a similar character. All food was interdicted, an aconite "fever nostrum" prescribed, and minute quantities of calomel and sugar given every fifteen minutes for four doses. The next day the boy was apparently all right. Saw him frequently between that date and one in November, when he had a similar attack with same treatment and result. The parents and myself assumed that some error in diet was the cause of these vomiting spells, and neither paid

much attention to them. The family was at a large hotel, and the boy, being a general favorite, was talked to a great deal and given much candy and other sweets. He was an exceedingly nervous child, and frequently would begin talking in a loud tone of voice and kept it up till he fairly shrieked. On January 25, 1900, the child had another attack of vomiting, and during the day his mother called at my office for some of the powders which had apparently given such good results. On the 26th I was called to see him. Found he had failed to retain the calomel or anything else; was very thirsty, and vomited the water almost as soon as it reached the stomach. As before, the mother blamed rich and indigestible food for the attack—in this case ice cream, of which he had eaten heartily on the 24th, was supposed to be the offender. There was a temperature of 101°, coated tongue, some restlessness, and constant nausea. Could obtain no history of any head injury; the urine was scanty, but contained no albumin; lungs and heart normal. Measles was in the community, and the thought came to me that it might possibly be that disease commencing. He was given minute doses of cerium oxalate, ice to quench thirst, and a spice poultice was put on the stomach. Food and drink absolutely interdicted. No improvement during the day. The contents of the stomach had evidently been ejected completely, for the vomited matter was pretty much all bile. Temperature, 102°. Ordered a teaspoonful of iced milk with 5 drops of lime water, every hour. Symptoms practically unchanged on the morning of the 27th. Ordered 5 drops of Bovinine in a small quantity of iced water, every hour. He retained this till noon, when vomiting occurred, and he probably ejected the entire quantity. Began to look a little yellow. Bowels moved twice since he was first attacked. Saw the patient again that day, and called early the next morning, only to find matters going from bad to worse. I could now discover some slight tenderness over the abdomen, if hard pressure were made. Spice poultices used frequently and small quantities of iced cognac, every hour. The disease was not influenced in the least by my efforts, and symptoms of exhaustion came on. Great restlessness ensued, to combat which he had 1-30 gr. morphia hypodermically late on the night of the 27th, and also in the early morning of the 28th, on which date, about nine o'clock, he died from exhaustion. That this was a case of cyclical vomiting I think there can be little doubt; the diagnosis resting on the periodicity of the attacks and the utter failure to account for the symptoms on any other hypothesis. The literature of this affection is scanty. The late Professor Pepper, in the course of his chapter on "Functional Diseases of the Stomach," in a

Cyclopedia of Diseases of Children (Keating), vol. iii., devotes some space to this disorder, referring to Gee's "St. Bartholomew's Hospital Reports" for a more complete account. Dr. Alex. Marcy, Jr., of New Jersey, in a paper read before the Philadelphia Pediatric Society, related a history of three cases coming under his observation, two of which proved fatal. Both of the authors quoted think auto-intoxication the cause of the vomiting; the latter stating that the direct cause is the "effect of this poison [a ptomaine] on the nerve centers," while Pepper believes that, besides the development of the toxic product, there is a "depressed condition and irritation affecting especially the centers and fibers supplying and controlling the stomach and liver." Both also agree in deeming treatment almost, if not quite, useless, though Pepper states that he has "had some highly interesting results from the use of small quantities of antipyrine administered as soon as the attack presents itself." As indicating the possibility of an inherited depraved nervous system bearing on this case, I may say that the child's mother had a miscarriage at six months,—her first pregnancy,—and, after the patient's birth, another at about the same period; and a few months ago was delivered of a female child, which lived but two days. In quoting Dr. Marcy's article I neglected to state that he suggests the use of a "normal salt solution for the purpose of diluting the poisonous material which he regards as the specific cause of the disorder.

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## Book Reviews.

**A SYSTEM OF PHYSIOLOGIC THERAPEUTICS.**—A Practical Exposition of the Methods, Other than Drug-Giving, Useful in the Treatment of the Sick. Edited by Solomon Solis Cohen, A. M., M. D., Professor of Medicine and Therapeutics in the Philadelphia Polyclinic, etc.

Volume I.: Electrotherapy, by George W. Jacoby, M. D., Consulting Neurologist to the German Hospital, New York City, etc. In Two Books. Book I., Apparatus; Methods. Illustrated. Published by P. Blakiston's Son & Co., 1012 Walnut St., Phila. Price, eleven volumes, \$22.00 net.

Volume II.: Electrotherapy, by George W. Jacoby, M. D., Consulting Neurologist to the German Hospital, New York City, etc. In Two Books. Book II., Diagnosis; Therapeutics. Illustrated. Published by P. Blakiston's Son & Co., 1012 Walnut St., Phila. Price, eleven volumes, \$22.00 net.

First a few words in regard to the general scope of the system. As the title indicates Professor Cohen's plan is to give a complete description and explanation of all therapeutic remedies other than drugs. It is said to be the first work of the kind in the English language. Separate volumes will be devoted to such subjects as Electrotherapy, Climatotherapy, Food

and Methods of Feeding, Rest and Exercise of Function, etc., while it will be the aim to present each subject in such a manner that the general practitioner can make full use of it. It is published in volumes of a reasonable size, rather than in one extremely large and bulky work, and the resultant gain in clear type and handy size will be appreciated. The binding is artistic and strong, the paper excellent, and the arrangement and typography all that could be desired.

The first two volumes are devoted to electrotherapy, which subject is dealt with by Professor George W. Jacoby of New York. Electrical apparatus and methods are considered in the first book, and in clearness and conciseness many text-books on the subject of electricity are outdone. Let a physician, whether a physicist or not, read and study this volume carefully, and he should have a clear working knowledge of the subject.

The second volume deals with electrical diagnosis and the actual therapeutics. It shows in a most practical way how to use the knowledge that the first volume has imparted. While this book may appeal less to the average practitioner than some that will follow, if examined carefully it will be found less technical than appears at first glance. Besides the main part of the book is an addendum by various well-known authors, giving the uses of electricity in some of the specialties, as surgery, ophthalmology, and disease of the nose, throat, and ear, and also a chapter on electrolysis, cataphoresis, and X-ray therapy.

**PROGRESSIVE MEDICINE.**—A Quarterly Digest of Advances, Discoveries, and Improvements in the Medical and Surgical Sciences. Edited by Hobart Amory Hare, M. D., assisted by H. R. M. Landis, M. D. Vol. II., June, 1901. Lea Brothers & Co., Philadelphia and New York.

This volume contains articles from four of the contributors, the first being by Dr. William B. Coley, on Surgery of the Abdomen, special attention being directed to the surgical treatment of malignant diseases of the intestines and rectum, in addition to a general review of work in this department. In writing on hernia he gives the highest possible praise to Bassini's operation, for in his personal results with this operation in five hundred cases traced from one to nine and one-half years he has had but seven relapses, or less than one per cent.—surely a record to be proud of. Dr. John G. Clark writes most interestingly on Gynecology, while Professor Alfred Stengel attends to the review on Diseases of the Blood and Ductless Glands, the Hemorrhagic and Metabolic Diseases. The concluding part is devoted to Ophthalmology by Dr. Edward Jackson. "Progressive Medicine" seems to raise rather than lessen the high standard it has set.

# CURRENT MEDICAL LITERATURE.

## Poisoning with Snake Venom.

Dr. Thomas R. Brown writes an interesting paper in *Twentieth Century Practice*. He attributes death in snake poisoning to the following causes: (1) General paralysis, especially of the respiratory centers; (2) paralysis of the heart by tetanic arrest of cardiac action, probably due to the action of the venom upon the cardiac ganglia; (3) a combination of these causes; (4) hemorrhages in the medulla; and (5) possibly the inability of the red blood corpuscles to perform their function. With regard to the treatment of snake-bite by antivenene, Dr. Brown believes that the practical results so far obtained are of great promise and thinks it quite possible that a real antidote to snake poison has at last been found.

## Truth and Error, or the Science of Intellect.

This is a curious book, which is difficult to describe shortly under any other designation than metaphysical, although the author would perhaps protest against the use of the term. He endeavors to argue with scientific precision upon matters which do not wholly rest upon a basis of observed fact, and he deals amongst other things with the ultimate attributes of matter. These he holds to have certain universal essentials; the ultimate particle, he considers, has "unity, extension, speed, persistence, and consciousness, which are absolute." What he means by consciousness is something short of what is ordinarily understood by the word, and this is an example of the obscurity of his style. But he is not content with the use of ordinary words in an unusual sense; he has coined a good many new words, and has the vice of using outlandish words which would send most of his readers to a dictionary, often only to be disappointed. Reification, phytonomy, demonomy, pentalogic, multeity, hylozoism, phraties are a few specimens of his hard words.

So obscure is the author's style that one is tempted to lay the book aside as containing nothing intelligible, and to doubt seriously if the author's conceptions were clear to himself, since he fails to give them clear expression to others. Yet the book does contain some novel and suggestive ideas, and there are parts—for example, the chapters on hallucinations and other sense deceptions, and those on perception and on ap-

prehension—which set forth some striking examples upon which he reasons soundly. These portions of the book are readable and instructive, and here the author is at his best. He is at his worst when dealing with philosophical abstractions, where he is quite out of the depth of most readers and, we strongly suspect, out of his own depth also. There is abundant evidence of wide reading and of extensive range of information, and one rises from the perusal of the book with the feeling that, had the author limited himself to the discussion of the known and the knowable, he could have written a valuable book. But we doubt whether such an attempt as is here made serves any useful purpose whatever; to attempt to frame a comprehensive system of philosophy before the data are available is to weave a rope of sand.

## Appendicitis. De L'Appendicectomie. L'Appendicite: Formes et Traitement. The Early Treatment of Appendicitis.

Of the making of books on the subject of appendicitis there is no end. These four volumes, individually and collectively, present few new facts or observations, but the first, by A. H. Tubby, is well able to bring together and to review lucidly and instructively the main points of the affection. He claims for appendicitis the right to be regarded as a purely surgical disease, and holds that it should be treated in surgical wards from the first. With regard to the practice of early operation in every case, although influenced by the widespread and increasing doubts as to the alleged efficacy in a majority of instances of medical treatment, he hesitates to adopt to its full extent the teaching of many American surgeons, and is inclined to think that the best rule for a judicious surgeon to follow is not to bind himself to a routine practice of early operation, but to watch his cases closely, and when in doubt to operate at once.

Professor Broca and Dr. Vignard, in their books, strenuously advocate the "precocious" operation in all cases of appendicitis. The method generally practiced by French surgeons would seem to be that associated with the name of Jalaguier. It is similar to the procedure adopted by Battle of England. The reasons enjoining early operation are fairly stated in both the French works. French surgeons are as convinced as Americans of the good that is gained by an early removal of the inflamed appendix. As matters now stand, there can be no question

that the advantage of the argument is with the advocates of the "precocious" method.

Dr. Donald Hood, however, does not thing so, but we question whether his book will make many converts, for its indications as to the propriety of treatment at the earliest onset, and of the desirability of early diagnosis, are somewhat nebulous. By "early diagnosis," he writes, "I mean detection of the malady within hours and not within days"! Opium is the "sheet anchor of treatment," and "auxiliary help" is obtained from rest, diet, absence of aperients, etc. The right of the author to express an opinion is based upon twenty-four years' experience of this form of treatment. Dr. Hood writes: "I have never seen bad results follow, and in a continuous series of at least forty cases all have recovered." As several deaths of patients under Dr. Hood's care are recorded in the pamphlet, the meaning of this last quotation is obscure. He adds, "In no case has suppuration taken place."

The last word upon appendicitis and its treatment has yet to be spoken.

#### **The Diet of the Convalescent.**

This is a sensible little book by Lucy H. Yates. On p. 19 we find the following, which at first sight is startling: "We find iron very largely in spinach . . . mercury also contains it." It would be as well, we think, in future editions to substitute the words "herb mercury," and explain what herb mercury is. We suppose that Miss Yates means the *Chenopodium Bonus-Henricus*, or Good King Henry, which is sometimes used as a substitute for spinach. The *Mercurialis* which belongs to the *Euphorbiaceæ* is not, so far as we know, used for food. The recipes seem very good, but we cannot agree with the statement on p. 9 that rabbit is digestible. Some persons can digest it and some cannot, the ability to do so being a matter of idiosyncrasy.

#### **A Manual of Midwifery.**

This fifth edition of Dr. A. L. Galabin's book retains all its prominent features. We imagine the various sections upon the mechanical action of the sacrum, the development of the pelvis, and the leverage action of forceps, containing, as they do, many mathematical considerations, will continue in the future, as in the past, to be skipped by the average student. None the less, they are of great interest. We are glad to see that curettage after delivery is condemned, and that the performance of hysterectomy in cases of septic infection is regarded with doubt. The au-

thor conclusively shows, by the mathematical doctrine of probabilities, that there is a definite causal relationship between cases of hydatidiform mole and cases of deciduoma malignum. He points out that the nucleated masses of protoplasm seen in some cases of sarcoma of the testis do not form the branching reticulated processes, resembling the proliferating syncytium of villi, which are figured in cases of deciduoma malignum. He considers that the cells of the growth, as well as the protoplasmic masses, are derived from the syncytium of the villi. This is the more probable, since in many instances there is no absolute demarcation but rather a gradation between syncytium and plainly discrete cells.

#### **Contagious Ophthalmia, Acute and Chronic.**

Sydney Stephenson has had quite exceptional opportunities of witnessing the outbreak of contagious ophthalmia, of seeing its results, and of devising means for preventing its spread in large schools. He points out that this particular disease accounts for ten per cent. of all cases of blindness, and yet is one of those that, if early recognized and properly treated, may be regarded as curable without the slightest impairment of vision; and, indeed, when the circumstances that lead to its occurrence are thoroughly appreciated, it may, by the adoption of judicious measures, be almost invariably prevented. In describing the various forms of the disease grouped under the term "contagious ophthalmia," Stephenson distinguishes three parts of the conjunctiva—the palpebral and ocular regions and the retrotarsal folds—and gives directions for exposing the superior fold.

A retractor, he remarks, is hardly requisite, since anybody possessed of a moderate amount of manual skill can bring it into view. He gives a woodcut of the retractor which, if really required, he uses, but it is badly shaded and looks as if it had a button at the end. Recently ulcerated spots of the cornea and parts of that membrane where the epithelium is degenerated are stained a bright green color, and the formula given is a useful one; it is, fluorescein 2 parts, sodium carbonate  $3\frac{1}{2}$  parts, and distilled water 100 parts. Stephenson insists on the necessity for thorough asepsis, both on the part of the surgeon and of his instruments, and also that goggles should be worn while injections are used, and, further, that the tear passages should in all instances be carefully examined and cleansed.

Bacteriological examination of the discharge is of great importance and utility. Full accounts are given of the methods of examination both by means of cover-glass preparations and by cul-

tures. The basic stains recommended are methylene blue, carbol-fuchsin, and thionine blue, gentian, or methyl violet. A second cover-glass should always be treated by Gram's method. A plate is given showing some of the organisms met with. Mr. Stephenson considers that mucopurulent ophthalmia, purulent ophthalmia, granular ophthalmia, and membranous ophthalmia are all separate and distinct affections and have a different ætiology, though doubtless they possess certain features in common. In regard to the frequency of gonorrhœal conjunctivitis in ophthalmia neonatorum, it appears that amongst 446 cases of ophthalmia neonatorum gonococci were present in 72.83 per cent. The conditions known as granular ophthalmia and membranous, croupous, and diphtherial conjunctivitis are all described with much precision.

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### *The Siege of the Legations at Peking: A French Surgeon's Work and Views.*

Surgeon-Major Matignon of the French army, who volunteered for duty at Peking when the situation became grave, has a paper in the Archives de Médecine describing his experiences during the siege last summer. "The events that took place at Peking from June 20 to August 15, 1900, have this peculiarity," he says in his exordium, "that a handful of men were taken by surprise when destitute of everything, or pretty nearly so, and found themselves compelled to organize a defensible front with a perimeter of  $3\frac{1}{2}$  kilometers against a well-armed and well-victualled enemy, 30 times as numerous as they were. A few French, German, English, American, Austrian, Italian, Japanese, and Russian sailors formed a little body of 400 rifles, to whom 50 volunteers of all nationalities joined themselves." When the Boxers made their unexpected onslaught the British Legation became a refuge-general where 800 Europeans—150 of them being women and children—sought shelter. It was here that a small hospital was improvised, and to it the wounded from the outposts by which the legation was covered were carried. These outposts, three in number, were established (1) to the southeast in the French and German Legations; (2) to the northeast in a large park, where the defenders were the Japanese and the Italians; and (3) to the southwest in the Russian and American Legations. Surgeon-Major Matignon had charge of the first, being assisted by a German hospital orderly who "thoroughly understood his work and was in possession of a dressing-bag." Throughout the siege, notwithstanding the necessarily defective hygiene arrangements, the bad quality of the

water, of which the men, owing to the excessive heat, were forced to drink enormous quantities unfiltered and unboiled, and an almost entirely fresh diet (for 55 days horse meat was alone available), the little garrison of 90 men all told had no sick. The enemy's efforts were for the most part expended upon four chief points, and to these whenever an attack commenced Surgeon-Major Matignon used to hurry with his game-bag full of surgical necessaries. The French and Austrian detachments having arrived without any medical personnel, he had absolutely no one to help him on these occasions, but was compelled to do everything with his own hands. As soon as a man was wounded he dressed him on the spot as well as he could, and sent him back to his work. Their numbers were too small to admit of the ranks being even temporarily depleted, but Surgeon-Major Matignon adds that "not one of them [the wounded], even those who were seriously injured about the head, made the slightest difficulty about resuming his service." The Chinese kept up an incessant shower of missiles of every description from shells and rifle bullets down to bricks and stones. Upwards of 800 shells were aimed at the French Legation, of which the eastern side was literally pulverized. The defenders exercised the utmost caution, protecting themselves behind barricades and in trenches, but in spite of this they suffered severely. As might be expected, most of the injuries were situated about the head or upper extremities.

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### *After-Treatment of Adenoid Growths in the Nasopharynx.*

HARRY CAMPBELL, M. D.

Dr. Stewart, on the above subject, suggests an effectual way of preventing recurrence after removal to be dumb-bell exercises for at least a quarter of an hour every day in front of a looking glass, keeping the mouth firmly closed during the exercises, and so forcing nasal breathing. I desire to point out that this statement is in entire harmony with my own view regarding the causation of "adenoids," which I believe to be imperfect use of the jaws and their appendages from the practice of feeding children on the bottle and on soft, pappy foods. In consequence of this the circulation of blood and lymph in the tissues of the mouth, pharynx, and nasopharynx is not duly stimulated, and the door is opened for "adenoids" and kindred affections.

I venture to suggest that Stewart's plan, above referred to, achieves the good effect in large measure by bringing about firm closure of the

jaws, dumb-bell exercises tending to force the jaws closely together, doing in fact what the mastication of hard foods does. Were we to feed our children on a rational plan I have little doubt that we should practically do away with "adenoids."

### *A Medical Jurist.*

The late B. B. Osler, K. C., was a medical jurist of unusual ability, owing to the number of criminal trials with which he was connected, sometimes as prosecuting counsel and sometimes retained for the defense, he had the opportunity of coming into contact with, as witnesses, a large number of medical men. Mr. Osler had a wonderful grasp of medicine in its different phases, and no matter how intricate the case was from a medical aspect, he could at once take hold, and woe betide the medical witness who proved at all contrary while in his clutches in the box. We are indebted to Mr. A. R. Hassard for the following few sentences used by deceased in addressing juries, sentences which are unique and fascinating.

"There are men whose word on oath we'll take, while their notes are going to protest every day."

"If an accident couldn't have taken place, look for the motive and look for the murderer."

"Did not the stitches in the small tear look like those that would be made by a woman, while the large stitches were those you would expect boys to make in using a needle and thread?"

"They were fleeing that night when no man pursued; yet, feeling that behind them was the horseman reaching for them—the horseman that is always pursuing the guilty."

"A man who contemplates a crime always does it skillfully, to make sure; so always look for an appearance of innocence when the crime is one of skill. The dangerous criminal is the scheming criminal, who never, if possible, lets his hand be seen. Circumstantial evidence is the only thing that brings the crime home to him. It was hard to say which was the more dangerous to the community, the man who had the brains to scheme, but not the courage to kill, or the man who had not the brains to scheme, but will take an ax at another's bidding and do the murder."

"Greed tempts many a man to his death."

"You may say 'circumstantial evidence is not reliable. Men have been innocently convicted on circumstantial evidence.' But, remember, all calculated crimes—all crimes that are not of the impulse of the moment—are brought home by

circumstantial evidence alone. The man who plots a crime plots it with no one to see him. Is the arm of the law so short that only the man who openly commits a crime can be convicted? If the stake is lost, you must find the spot with pointers."

"When you find memory keen on events that do not concern a man, and memory gone on events that do immediately concern him, what can you say of him?"

"Honest men need never have any fear of detectives."

### *Medicine and the New Journalism.*

In no province of human affairs are more striking illustrations of the mischief that may be wrought by an irresponsible press to be found than in medicine. When nothing better is to be had in the way of sensation, the eager scribe looks for "copy" in the marvels of medicine and surgery or the discovery of an elixir of life. The half-educated readers of a popular newspaper were lately told of a man who had one of his eyes split in two. This trifle was, however, easily remedied by an oculist, who "removed the injured eye, put it in a clamp, and welded the split parts together." The man regained the use of the eye, "the only difference being that he cannot gauge distances." The narrator of this wonderful story seems to labor under a similar defect in his mental vision—at any rate in respect to the distance between truth and falsehood.

Not long afterwards came the announcement of "one of the crowning triumphs of bacteriological knowledge of the nineteenth century" in the shape of a "cure for dysentery" which was credited to "Dr. Flexmer, a Paris physician." Professor Simon Flexner of Baltimore must have blushed to find the bacteriological good which he had been doing, if not by stealth, at any rate in the obscurity of the laboratory, transmuted into fame of this kind. The "breathing cure" was next offered as an attraction, but apparently failed to draw. This was succeeded by a veritable "boom."

It was announced that two professors of the University of Chicago (Drs. Loeb and Lingle) had made the marvelous discovery that "common salt, or chloride of sodium, administered in a certain manner, stimulates the heart and produces wonderful rejuvenating effects." It was added that the elixir had been tested on certain millionaires and members of Congress with such amazing results that exhaustive experiments were to be made in workhouses. Several doctors were, it

seems, so carried away by enthusiasm as to declare that it is an easy matter to prolong life to one hundred years. But why should we limit our aspirations to a miserable century or two? If salt really possesses a tenth part of the miraculous virtue attributed to it, it would seem that we have only to eat enough to make us live as long as Methusaleh. The only difficulty is that the price of salt will rise so high as to put it beyond the means of any but millionaires. Poor men must give up the hope of pickling themselves into patriarchal length of days unless they have such a singular stroke of luck as befell Lot. Most of the newspapers have now discovered that there is nothing either novel or miraculous in the new Pentacle of Rejuvenescence. As all medical practitioners know, salt is one of the oldest remedies, and saline injections are no new thing. Nor, alas! are human ignorance and gullibility by any means new. The only new point in the whole matter is the New Journalism which, without inquiry or hesitation, proclaims *urbi et orbi* that the secret of eternal youth has been found in the salt cellar!

We have no reason to believe that the writers who started this "boom" are stupid or ignorant beyond the average of their readers. To them it is probably nothing more than "Duc-dame" was to the melancholy Jaques—"an invocation to call fools into a circle." That this, at any rate, has been the effect of it appears from the fact, which they chronicle with a chuckle, that a "salt-eating epidemic" is now prevalent in London. Now, salt is an excellent thing in moderation, but like other good things, it is, as every medical man knows, harmful in excess. In particular, it lies under serious suspicion of producing gout or aggravating the effects of that disease. Candidates for longevity who pin their faith on salt may therefore find that out of the new elixir comes forth a bane that may seriously imperil their chance of reaching the goal of centenarianism. It may be added that Professor Loeb has publicly repudiated the statements attributed to him in the daily papers. But this circumstance seems somehow to have escaped the notice of the papers which trumpeted his "discovery" to the world.

There are worse offenses to be laid at the door of the daily papers. Not long ago most of them were proclaiming that consumption had received its death blow at the hands of Dr. Hoff, Assistant in the Clinic of Professor Stofella (Vienna). A formula with which he was said to have wrought a number of cures was given in hopelessly inaccurate, and indeed unintelligible, form. Among the ingredients was arsenic, but such a trifle as this is nothing to your irresponsible journalist. It turned out that Dr. Hoff had made no pretense of having discovered anything new,

and had only published a paper in a Vienna medical journal of unimpeachable scientific orthodoxy. The prescription which he gave was one of several mentioned in the paper, and was quoted by the author as being that of the famous physician, Oppolzer. Its publication in the newspapers probably did no great harm directly, for no pharmacist would have made it up according to the formula given.

But the publicity given to the matter led to a claim of priority in regard to the treatment of tuberculosis by arsenic on behalf of Professor Armand Gautier of Paris, who was said to have for some time used arsenic in the form of cacodylic acid or cacodylate of soda with marvelous success. The expression is his own, if we may believe the correspondent who quotes the professor as ejaculating "*C'est une merveille!*" in speaking of the remedy. According to the interviewer, Professor Gautier went on to say that in the vast majority of cases the new medicine has proved literally a sovereign remedy. "Many consumptives have," it is stated, "under Professor Gautier's direction, taken the medicine continuously for nearly three years in perfect safety as regards the general health, and with the most remarkable results in respect of the reduction of the phthisis symptoms." It would be unfair to hold Professor Gautier responsible for the terms of these statements, which overstep the modesty of true science; but it is, we think, to be regretted that he should have given details of the mode of administration of his remedy sufficient to enable any patient to make trial of it on himself without medical supervision. How necessary such supervision is in regard to the administration of arsenic, the merest beginner in medicine knows; and Dr. Murrell has shown that the use of cacodylate of soda in the doses pronounced by Professor Gautier to be harmless is no means free from danger. We therefore feel it our duty to protest strongly against the publication, without saving clauses, of statements so likely to lead to rash self-treatment as those attributed to Professor Gautier.

This, however, is not the most serious objection to the uncritical reports of alleged medical discoveries in daily papers. After all, probably few people are foolish enough to drug themselves with arsenic without taking medical advice. The worst effect of reckless announcements of certain remedies for consumption and cancer is the false hope which they inspire in many poor sufferers whose last moments are embittered by the inevitable disappointment that follows. We do not ask the daily press to abstain from dealing with medicine; indeed we consider it of the highest importance that the public mind should be educated in these matters. It is in the popularization of scientific knowledge that lies the hope of sup-

pressing quackery, which is a weed that thrives in ignorance and credulity. All we ask of the lay papers is that they should not be so ready to publish false miracles of medicine; that they should show a greater sense of their responsibility to the public which it is their function to enlighten, not merely to amuse or startle; and that they should take some pains to separate the wheat from the chaff in medical as in other matters. We confess we have little hope that this advice will be taken to heart in the quarters where it is most needed, for unfortunately too often the sensational journalist, like jesting Pilate, asks, What is truth? and will not stay for an answer.

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### *The Causation of Sex.*

THOMAS TUCKEY, M. D.

Long ago, in my lamb and salad days, I furnished an article to one of the medical periodicals bearing on the determination of sex. Some weeks afterwards I received a letter from a celebrated American ovariologist, dated from New York, politely informing me that I was laboring under a misapprehension. He sent me statistics of many cases where my theory did not hold good; these statistics I have unfortunately lost, but they were convincing to the last degree. Sir John Falstaff, you may remember, had his own theory on the subject, and stated that milk and water fellows generally breed girls. This is contrary to my experience. Thus taking 150 first cases from my midwifery case book I find that of these 69 were males and 81 females. Of course the next 150 might reverse the proportion, but I think these 150 are fairly representative. Thus we see in first children, where the parents are generally young, the woman unexhausted and fresh, and the man not worn out by toil or other debilitating influences, there are twelve more female than male children. As far as my experience goes, I have often seen several female children at first, and then the long-expected son and heir. We know that among insects, bees, ants, etc., the sex of the grub is determined by the amount of food, and that on the loss of the grub which is to become the queen, the working bees can produce another queen by feeding up a grub which with less nourishment would become a worker—that is, an undeveloped sexual individual. There is a deep physiological fact behind the Irish skit of the squire's wife who was lamenting to her laborer's wife that she had no son, while the laborer's wife had several. "Try potatoes, ma'm," advised the peasant. In feeding and the relative strength of man and woman, I think,

lies the secret of sexual development, and not in the presence or absence of either ovary.

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### *The Excision of Hemorrhoids.*

WALTER WHITEHEAD, M. D.

I was glad to read a criticism of a recent publication on "Diseases of the Anus and Rectum." The critic very justly comments on the two authors who condemn the removal of hemorrhoids by excision. These two authors state that their objections to the operation by excision are "that it leads to a severe loss of blood, is tardy in healing, and is liable to cause ultimate contraction of the lower part of the rectum." I very much appreciate your remarks when you reply that "all these objections are imaginary and none of these evils result when operations are carefully performed."

My experience of excision, which now covers a vast number of cases and extends during a period of twenty-five years, has completely convinced me that when the operation is performed as directed, and the common intelligent principles of general surgery are observed, there is no excessive hemorrhage, and I can absolutely deny that the slightest contraction of the lower bowel ever can or ever does take place. Unless some of the skin at the verge of the anus is sacrificed—which would be a distinct violation of the instructions given for excision—no stricture of the anus ever results. Contraction depends entirely upon the removal of skin, and the contraction bears almost an exact relation to the amount of skin removed. Cutting away the small tabs just outside the anus is one of the treacherous snares which is common to all operations for hemorrhoids and ought to be resorted to with the greatest caution and consideration. As to convalescence, I am positive that it is not only quicker but far more perfect than that following any other operation for the removal of hemorrhoids.

I cannot understand how the authors referred to can consider themselves entitled to express their opinions on the merits of excision when they so naïvely boast that they never employ any other method than that of the antiquated ligature. The patients I operate upon by excision invariably have an action of the bowels on the fifth day, and after that event they are at liberty to return home on the day following, and more frequently than not they are quite equal to resume their ordinary avocation within a fortnight. The ligature as applied to hemorrhoids is, after all, only a relic of the principles which dominated mediæval surgery and cannot compare in rapidity of cure

with excision. I may go further and assert that I have never after excision met with a single one of those numerous complications which other authors allege follow the use of the ligature. As a matter of fact, it was the tedium of recovery after using the ligature which originally induced me to abandon that practice for excision. What surgeon at the present day ligatures an artery when he can employ torsion? Early in my surgical career I recognized the absurdity and inconsistency of devising special and exceptional methods for removing a simple pathological condition like hemorrhoids, instead of treating them by the ordinary and rational rules of general surgery.

♦ ♦

### ***Traps and Pitfalls in Special and General Practice.***

J. DUNDAS GRANT, M. D. EDIN., F. R. C. S. ENG.

Though many members of the profession are careful to a degree in regard to business matters, a very large proportion are in this respect deplorably negligent. The mere rendering and recovering outstanding accounts may seem a trivial matter, and negligence in regard to this may be due to the greater interest taken by the practitioner in making himself a good workman and increasing his professional reputation rather than in collecting his fees. To show how indulgence with debtors may damage a reputation I will recall a genuine case of a patient who owed her doctor a bill and was afraid to call him in in case he should ask for it. What more natural than to summon another man, and when asked by neighbors why the medical attendant was changed, to attribute it to his carelessness, unskillfulness, or anything rather than the true cause? Again, the doctor's indulgence may lead to the patient "running up" an account which it is quite out of his power to pay.

It is as important for the practitioner to save as for any ordinary citizen, but in his case there are a few special reasons for his endeavoring to make himself independent of temptations to which the *res angusta domi* may render him liable, such as the multiplying of visits and consultations or the performance of avoidable operations. What practitioner has not at some time or other had to refuse the liberal payment offered him for the removal of the fertilized ovum? I say, then, that the medical man who thinks it unworthy of him to take the steps necessary for securing his financial position allows himself to totter near most dangerous pitfalls.

I will only refer to the need of providing by insurance, investment, or otherwise, for times

of professional depression, for accident, illness, and, still more, for old age. I hold that a man should endeavor to retire from practice before practice retires from him, whether he be induced to postpone his retirement by financial necessity or by the mere love of his professional work. It is not uncommon to find elderly practitioners becoming disappointed, jealous, cantankerous, peevish, and even vituperative, who had formerly been open in manner, generous in judgment, and kindly in counsel.

♦ ♦

### ***Certain Practical Applications of Extract of Suprarenal Medulla.***

E. A. SCHAFER, F. R. S.

(From the Physiological Laboratory, University of Edinburgh.)

As the result of numerous experiments which have been conducted in this laboratory which are not yet published nor entirely finished, I feel justified in suggesting that a trial should be made of the extract of suprarenal medulla in all cases in which it is desired to strengthen or to induce uterine contraction. The observations which we have hitherto made show that this extract has a far greater power in causing contraction of the muscular tissue of the uterus, whether pregnant or non-pregnant, than any other drug having the same reputed action, and this whether the extract be applied directly to the muscular tissue or be introduced into the circulation. Since the active principle is unaffected by the gastric juice, it can be given by the mouth, but in post-partum cases it would doubtless be more advantageous to inject it directly into the uterine cavity, where it would not only tend to produce immediate contraction of the uterine musculature, but also of the uterine arterioles, and thus more effectually control accompanying hemorrhage. The solution which I would recommend to be used is an infusion of dry medullary substance, 30 grs. to the pint of water. This should be sterilized by boiling and injected whilst still fairly hot. Such a solution is a powerful styptic, and its value in this respect may be still further increased by the addition of 60 grs. of calcium chloride.

Another class of cases in which the extract in question may prove of the greatest clinical value are those of sudden cardiac failure, whether as the result of shock or hemorrhage, or of an overdose of anæsthetics. In these cases the sterilized decoction, which may be of the strength of 5 grs. to a fluid ounce and must be filtered, should be injected with a hypodermic syringe very slowly into a superficial vein, or even, in extreme and apparently hopeless cases, into the heart itself through the thoracic wall. I have seen such re-

markable results from the application of this method to animals in which the circulation had apparently entirely ceased, and in which the heart has been completely resuscitated by the action of the drug, that I have no hesitation in recommending that it should be tried in this class of cases in the human subject.

The material which we have used consists of the separated healthy medulla of the suprarenal capsules of the ox or sheep, rapidly dried in thin layers at a temperature of not more than 50° C., then powdered and kept in well-stoppered bottles. In this form it retains its activity for a considerable time, and an infusion can be prepared from it in two or three minutes. The exact strength of the solution for the purpose of intrauterine injection is immaterial; any that might be absorbed into the general circulation would be beneficial rather than otherwise. For intravenous injection in cases of cardiac failure a much weaker decoction than that above indicated can be used, but it should then be made with 0.9 per cent. salt solution, and injected warm; a dose of 5 grs. of the dry medullary substance may be introduced into a vein in this way slowly without fear of deleterious results, and may be repeated, if found necessary.

♦ ♦

### *Common Deformities of the Feet.*

ETHEL M. N. WILLIAMS, M. D.

I have in the last few years examined a considerable number of girls of the middle classes, and I find that a foot without some amount of deformity produced by the wearing of ill-designed foot gear is almost unknown. Hallux valgus is, in my experience, practically universal. It varies, of course, in degree from a position of the great toe such that it makes a very obtuse angle with the posterior part of the foot, to a partial dislocation of the first metatarso-phalangeal joint, with often an inflamed bursa over it, and with the three first toes lying over or under one another. Young children usually, though not invariably, present the deformity in the lighter degrees. I have seen children of twelve or fourteen with dislocated joints and the three first toes lying almost in one vertical plane.

The universality of the deformity disposes, I think, of the doctrine that it is due to rheumatic or rheumatoid affections. Rheumatism even in its mildest forms is not universal in girls over twelve, and though I acknowledge that the more vulnerable joints of the so-called rheumatic subject yield more quickly and more completely to the injurious pressure and show sometimes very marked examples of the deformity, yet we must,

I am sure, look for some more generally acting cause to account for so general a condition.

The deformity is caused by boots and shoes so made that the inner and outer lines of the sole converge to a point somewhere beyond the space between the second and third toes instead of following the natural line of the foot—straight on the inner and curved on the outer side. The damage done by the ill-shaped sole is increased by the artificial heel; since the foot, placed on an inclined plane, gradually slips further into the toe of the shoe, and is molded to its shape.

For my own part, I find that it is almost impossible to get a properly shaped pair of shoes made. If one orders shoes to fit one's feet, one usually receives articles shaped like a coffin, with the upper fixed in at the narrow end, with rigid soles, and weighing about twenty ounces each. I believe that the article of dress that at the present time is most prejudicial to the well-being of English people is foot gear, and I take it that for this reason the subject is not unworthy of real attention and a definite statement of opinion from the medical profession.

♦ ♦

### *Treatment of Acne.*

F. R. C. S. writes that the following is likely to be very beneficial:  $\mathcal{R}$  Hydrarg. iodid. rub. 8 grs., lanolin  $\mathfrak{z}$ . M. ft. ungt. To be applied with moderate friction once or twice daily.

♦ ♦

### *Tenonitis.*

A. S. PERCIVAL, M. B., B. C. CAMB.,  
Surgeon to the Eye Infirmary, Newcastle-on-Tyne.

As most of the books make but little mention of tenonitis, and I have lately had three idiopathic cases under my care, I venture to put forward my views concerning this affection. The symptoms of tenonitis are swelling and oedema of the upper lid, more or less marked exophthalmos, and limitation in mobility of the eyeball. There is some pain on the attempt at movement, and often there is considerable chemosis of the conjunctiva. The most important sign is the relative immobility of the eyeball.

Tenonitis may arise secondarily in association with panophthalmitis or orbital cellulitis, in which case it is usually purulent. Panophthalmitis is more frequently due to purulent retinitis than to purulent chloroiditis, and we frequently see panophthalmitis without any tenonitis. When tenonitis also occurs the eye is fixed as well as proptosed, and the chemosed conjunctiva almost conceals the cornea from view. In fact,

the eye resembles a tomato. The small portion of cornea seen below the overhanging conjunctiva looks like the nearly hidden green sepals of the tomato.

The cases of idiopathic tenonitis arise usually in rheumatic subjects after an exposure to chill. The eye is fixed and prominent, and there is some chemosis. Those cases that I have seen have all recovered completely under sodium salicylate. In my last case I gave the drug more boldly than before, and the cure was practically complete in forty-eight hours. May it not be a form of acute rheumatism in which the eye-joint takes the place of the more usual knee-joint? The temperature is raised much as in acute rheumatism. Cases of even purulent tenonitis have been described after influenza, but I personally have not met with this complication.

♦ ♦

### *Hyoscine in Insomnia.*

MR. WM. ARMSTRONG.

I have had for the past five years a considerable experience in the use of the drug named. I have given it in a strong kola tonic, commencing with a dose of 1-120 gr., going gradually up to 1-50th if necessary. As a rule the drug has only been given at bedtime; but in severe cases has been administered at 8 P. M. and at midnight. It has rarely failed to help insomnia, if reflex sources of irritation have been got rid of.

♦ ♦

### *On the Uses of Formalin in Glycerin.*

ALFRED C. JORDAN, B. A., M. B., B. C. CANTAB.,  
House Physician St. Bartholomew's Hospital.

Formalin is so powerful an antiseptic that its use for clinical purposes has tempted many, but in every case, so far as I know, the attempt has been abandoned on account of the irritating nature of formalin and the pain which its use has involved. I have found that this difficulty can be to a great extent overcome by using glycerin, instead of water, as the medium by which to convey the formalin to the required part. For ten months I have used a mixture of formalin in glycerin, from 1 to 4 per cent. Although the mixture will keep without much diminution in strength for several weeks in a well-stoppered bottle in a cool place, it is better to prepare it fresh for use each time, by mixing from 1 to 5 minims of formalin with 2 fluid drams of pure glycerin. This preparation is useful in at least four different ways: (1) as an application to the

throat; (2) as a mouth-wash; (3) as an application to the skin; and (4) as a urethral injection.

1.—As an Application to the Throat.—An ordinary pharyngeal brush is employed. A single application can be absolutely relied upon to kill every micro-organism with which it comes in contact. My bacteriological examinations prove this. The glycerin spreads readily over the surface beyond the immediate limits of its application; it conveys the formalin into the follicles of the tonsils and into the deep layers of the mucous membrane. In follicular tonsillitis in the early days, while there are no deep collections of pus, formalin in glycerin (2, 3, or 4 per cent.) is a specific. After a single thorough application the temperature falls to normal within a few hours, and remains normal. The application is usually attended by a little soreness lasting only a few hours. For from half an hour to an hour after the treatment the patient should not be allowed to drink, the formalin being left undisturbed to exert its bactericidal action. After this a simple gargle, such as chlorate of potash, is all that is necessary. In diphtheria, in cases where the membrane is confined to the pharynx, formalin in glycerin is equally successful. In most cases, however, there is membrane in situations inaccessible to a brush: in the nares or in the air-passages. In such cases formalin in glycerin is of little use. In scarlet fever, where the throat condition is but a small part of a general disorder, one cannot expect much good from formalin; but even here 2 per cent. of formalin in glycerin, every second or third day, is certainly as good as any other local application with which I am acquainted.

2. As a Mouth-Wash.—In aphthous stomatitis and in parasitic stomatitis (thrush) a single application of formalin in glycerin, 2 per cent., should be made, and followed by the use of the glycerinum acidi borici of the British Pharmacopœia. In ulcerative stomatitis a single application does not appear to do much good, and I am not convinced that formalin always accelerates the healing of the ulcers to an appreciable extent. Combined with iodine and with B eucaïne (the latter as a local anæsthetic) in the following proportions, a useful mouth-wash is afforded: 1 per cent. of formalin, 2 per cent. of iodine, and 2 per cent. of B eucaïne, in glycerin. With this, and the internal administration of chlorate of potash, good results are obtained. In gangrenous stomatitis (cancrum oris) I have not had an opportunity of trying formalin, but I believe that at the commencement 4 per cent. formalin in glycerin might penetrate sufficiently deeply to put a stop to the disease. Tuberculous ulcers of the pharynx, mouth, tongue, and lips, occurring as they do in the broken-down subjects of advanced phthisis, are never hopeful

cases to treat. They are always liable to re-infection from the lungs, and therefore repeated applications are necessary. But these repeated applications are not well tolerated on account of the great tenderness of the ulcers. In one case of tuberculous ulcer of the lower lip I was able to apply 4 per cent. formalin in glycerin very thoroughly twice a week by previously placing in contact with the ulcer a piece of absorbent wool soaked in B eucaïne 4 per cent. In the intervals the ulcer was protected, as far as possible, by boric ointment. Considerable improvement occurred by the end of a fortnight, but I was not able to keep the patient under observation.

3. As an Application to the Skin.—Formalin may be thus employed in all parasitic diseases, but especially in *tinea tonsurans* (ringworm). The whole area is thoroughly cleaned by means of turpentine, followed by soft soap and water to remove grease, and 4 per cent. formalin in glycerin is rubbed carefully in by means of a piece of lint soaked in it. If there is much inflammation, a piece of lint soaked in the formalin and glycerin is simply applied to the surface and left so for a few hours, protected by a layer of wool. This application never requires to be repeated. A little boric or zinc ointment or lead lotion will complete the cure in a few days. I have never known this to fail. Some cases of lupus ought to be readily curable by a few applications of 4 per cent. formalin in glycerin on lint. I have not yet, however, had opportunities of testing this important point.

4. As a Urethral Injection.—In one case of acute gonorrhea I injected 1½ dram of 1 per cent. formalin in glycerin, with the result of completely and permanently curing the case. But for three days after the injection there were considerable pain and difficulty of micturition, due, no doubt, to swelling of the mucous membrane. For this reason I am not confident in recommending its general use as a urethral injection.

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### *Treatment of Acne Pustulosa.*

H. LESLIE JONES, M. D.,

Manchester.

Few diseases cause more distress of mind and body than does pustular acne, especially when the subjects are young women and the disease occurs on the face, and, if there exists a simple, rapid, and permanent cure for it, no apology is required for bringing it to notice.

The treatment is simple in the extreme, but very particular attention to minute details is absolutely necessary; otherwise the patient will refuse to submit to it through the unnecessary pain

inflicted, or the result will be a failure through disfigurement left by scars caused by bungling applications.

The requirements are few: Nitric acid, turpentine, some small wooden sticks, blotting-paper, vaseline, and a sharp penknife. The procedure is this: The end of a little stick, having been carefully cut to a fine point, is dipped in fuming nitric acid; any superfluous acid is taken up by the blotting-paper. The base of the pimple having previously been smeared with vaseline, the sharp point of the stick is by a quick prod inserted into the pustule to its base; a few rapid turns drill fashion are then given to the stick so as to attack the walls of the pustule, and the operation is completed.

The wood of the stick must be hard enough to take a very fine point and soft enough to soak up the acid, and for the purpose a box of matches answers admirably: A fresh match must be used for each pustule, for the acid quickly eats its way into the wood and destroys the rigidity of the point, which is very prone to give way and bend, if much resistance has to be overcome or if there is any delay in prodding the pustule after dipping the match in the nitric acid. When this occurs a fresh stick should be prepared and the damaged one discarded.

The little operation is painful, but the pain is not severe, and not more than patients are quite prepared to undergo to get relief from their discomfort and disfigurement. Much depends, however, on the situation, the chin and the forehead being by far the more sensitive parts, and there not more than five or six pustules should be attacked at one sitting; on the other hand, twenty may be attacked on the shoulders and back at one time. The remaining part of the treatment consists in thoroughly painting the face all over with turpentine at least twice daily, and on some skins oftener. At the same time I give iron, arsenic, and quinine pills, with cod-liver oil. The duration of the treatment depends on the extent of the disease and on the fortitude of the patient, but in the worst cases I have had not more than from ten to fifteen sittings were required. It must be carefully noted that not a single pustule must be left remaining, or the disease will surely return, and the patient from the first ought to be made aware of the fact.

◆ ◆

### *Summer Diarrheas in Children.*

H. S. BAKETEL, M. D.,

Melrose, Mass.

To the busy practitioner the proximity of summer brings little of joy or gladness. The average man looks forward to the hot months for

pleasure, rest, and recreation. The average physician, however, can only anticipate hard work and plenty of it, with difficult cases, aggravated by the heat and atmospheric changes.

Probably the greatest bugbear to haunt the dreams of the medical man is intestinal disturbance. From June to late September he is greeted on all sides by summer diarrheas, many of which are of the most baffling nature. The mortality from intestinal diseases in children is very heavy, particularly in cities and large towns. Even in the country the physician signs more death certificates from these causes than he cares to. I have been greatly interested in the diseases of children, and have followed certain definite lines of action with a considerable amount of pleasure. The summer diarrheas of which I am to speak were met with in a fairly extensive country practice radiating about a town of thirty-five hundred inhabitants.

The people were prosperous mechanics, farmers, and artisans, with a comfortable sprinkling of business and professional men. The town was high and sandy, well drained by natural and artificial means. The cases reported were, with rare exceptions, seen in good homes, clean and sanitary, so that the element of filth was quite eliminated.

A careful study of the diarrheal cases in my record book for 1899 shows that there were three well-defined classes: catarrhal enteritis, enterocolitis, and cholera infantum, named in the order of their frequency. I also saw cases of cholera morbus in older children, but, as I am speaking particularly of young children, I will omit any discussion of that form of disturbance.

Catarrhal enteritis, or the so-called acute diarrhea, was met with almost daily. The similarity between the various cases was so marked that I kept but few records other than the diagnosis, duration, and treatment.

The characteristic feature of this complaint is a marked looseness of the bowels, accompanied by fever, pain, and localized abdominal tenderness.

Twenty-nine cases showed these general features, and were therefore treated in much the same manner. The causes were mostly indigestible food and heat changes, six being of the latter variety. When seen, these symptoms were observed: increase in temperature, ranging from 101° to 103°—two cases showing 104°; colicky pain near umbilicus and much tenderness over that point; yellowish-green stools, showing much undigested food and little fecal consistency; anorexia and great weakness. In twenty-one of the cases the yellowish-green stools gave way to the characteristic "rice-water" evacuations, and in nearly every instance emaciation was noted after the second day. At the outset I swept the

bowels clear of mucus and fermenting food by the administration of castor oil, to which was added laudanum for the prevention of griping, and sodium bicarbonate (15 gr.) to counteract the acidity of the bowels caused by fermentation. After the intestines had been thoroughly cleansed of all irritating substances, they were given an opportunity to rest. The diet was limited to milk and lime water, to which was added, later, chicken soup. The following prescription was very generally used, and each time proved successful:

|   |                           |        |
|---|---------------------------|--------|
| R | Tinct. opii. deod.....    | gtt. j |
|   | Rismuth subnit.....       | gr. v  |
|   | Mict. cretæ.....          | f      |
|   | Peptenzyme.....           | gtt. x |
|   | M. Sig. Every four hours. |        |

But one case became aggravated, necessitating acid treatment, and that one was not seen for three days after the onset of the disease. The average duration of the trouble was eight days. It was found exceedingly difficult to keep the patients in bed, as they ranged from two years up.

In looking at the second class, entero-colitis, of which eighteen cases are noted, one is much impressed with the severity of the disease. Its causes are very like those of catarrhal enteritis, improper food and changes in atmospheric conditions, to which may be added uncleanness, impure air, and exposure to dampness. I believe improper food plays a most important part in the causation of entero-colitis. This belief was emphasized from the fact that cases occurred in three neighboring families who obtained their milk from a common source. It was only delivered three times a week, and, although some care was taken with the milk, the severe diarrheas in the three families who alone obtained their supply tri-weekly leads me to suspect that the interval between milking and the actual consumption was so long that lactic-acid fermentation had set in, thereby causing an inflammatory diarrhea. The various cases of entero-colitis simulated each other, with no great divergencies. The patients were in the period of first dentition to a large extent, twelve of the eighteen cutting incisors. Two had no teeth, one was getting his anterior molars, and three possessed a full set of teeth. The symptoms of anorexia, feverishness, nausea, vomiting with greenish, semi-fluid stools containing yellowish fecal flakes, the "mousy-smelling" "spinach-like" stools, are familiar to all practitioners. Each of the cases recovered after illnesses averaging seventeen days. This was due in great measure, I believe, to insistence on proper hygienic conditions, combined with proper medication. In three cases where the drainage was not modern, the children were

taken to neighboring houses, which were perfect from a sanitary standpoint. Fresh air, daily baths, and absolute rest were found to be absolutely essential in the treatment of this malady. The first few days I gave small doses of milk and peptenzyme, one tablespoonful every three hours. After the fifth day the amount of milk was increased and the peptenzyme given in the same dose at 10 a. m. and at 2 and 7 p. m. This prescription gave the best satisfaction:

|                                   |       |
|-----------------------------------|-------|
| ℞ Tinct. opii camph .....         | f iii |
| Tinct. catechu comp .....         | f iv  |
| Mist. cretæ.....                  | f ix  |
| Sig. Teaspoonful every two hours. |       |

The usual spice poultice on the abdomen was also found of service. My extreme good fortune with these cases was due in great measure to the excellent offices of peptenzyme.

Cholera infantum was met with eleven times with ten recoveries. The fatal case was not seen until the patient was in extremis. The symptoms are so well known that no description is necessary, and I will merely outline the plan of treatment. Immediately upon seeing the patient the colon was thoroughly washed out. Irrigation was continued every two hours until the food flakes and mucus had been thoroughly dislodged and a clear fluid shown. I then sought for the cause of the trouble—whether heat, exhaustion, thermic fever, or ingestion of irritating food products, and treated the case accordingly. Food was rigidly prohibited, small doses of protonuclein being administered every two hours in brandied water. This prescription was used:

|                                   |             |
|-----------------------------------|-------------|
| ℞ Acid sulph. aromat.....         | gtt. xxx    |
| Tinct. opii camph.....            | m viii      |
| Sprt. Chlorof.....                | gtt. xlviii |
| Syr. zing. q. s. ad.....          | f iii       |
| Sig. Teaspoonful every two hours. |             |

Peptenzyme was freely given, often 5 drops every two hours, and in two severe cases the dose was doubled. Counter-irritation over the bowels by a spice poultice was also invariable, to good advantage.

I believe the excellent success attending the cases was due in great measure to the liberal use of peptenzyme. I have found nothing which acts with such uniform success in diarrheas as this remedy. Its use is not necessarily confined to the sphere of pediatrics, as its influence is as potent among adults as among children. In previous experiences with summer complaints in which peptenzyme was not used the death rate was much larger, and I am convinced that its superiority over the average digestive ferments was the cause of the excellent showing made in the cases here reported.

### *The Association of American Medical Editors.*

The annual meeting of the editors' association was held at St. Paul, June 3-5, 1901, the sessions being convened in the library hall of the Ramsey County Medical Society. This was the most successful meeting held for fifteen years, both from point of attendance and the high standard of excellence of the papers presented. Of especial moment was the paper presented by Dr. Burnside Foster of St. Paul, entitled "Some Thoughts on the Ethics of Medical Journalism," which was discussed by Drs. Lancaster, Gould, Love, and others. At the instance of Dr. Foster a committee consisting of Drs. Simmons, editor of the Journal of the A. M. A., Gould of American Medicine, and Foster of the St. Paul Medical Journal, was appointed to amend the constitution and by-laws of the association by adding certain rules concerning the nature of advertising which is to be admitted to the pages of the journals in affiliation with the association. These rules are to be binding on all members, the committee also being advised to suggest such revision of the constitution and by-laws as may be deemed advisable.

Among other papers read were those of Dr. John Punton, entitled "The Relative Value of Medical Advertising"; that of Dr. Dudley S. Reynolds, entitled "Improvements in Medical Education"; Dr. Harold N. Moyer, "Relation of the Medical Editor to Original Articles."

The association adopted resolutions favoring the establishment of a psycho-physiological laboratory in the Department of the Interior at Washington, D. C. It also appointed a committee to draft a resolution requesting the Board of Directors of the Louisiana Purchase Exposition Co., in charge of the St. Louis World's Fair, to recognize and commemorate in a suitable manner the great work done in medicine and surgery. The American Medical Journalist was selected as the official journal for publication of papers and proceedings.

The annual dinner of the association was held at the Metropolitan Hotel on the evening of June 3, President Stone acting as toastmaster. The speakers of the evening were Drs. Love, Stone, Moyer, Matthews, Marcy, Fassett, Hall. They confined their remarks to subjects of interest to medical editors, and contributed not a little towards the scientific features of the meeting.

At the session of June 5 the officers for the ensuing year were elected as follows: President, Dr. Alex. J. Stone of St. Paul; vice president, Dr. Burnside Foster of St. Paul; secretary and treasurer, Dr. O. F. Ball of St. Louis.

The executive committee appointed for the en-

suings year consisted of Drs. Gould, Matthews, Lillie, Fasset, Marcy.

The next meeting will be held at Saratoga Springs, N. Y., in June, 1902.

## Gynecology and Obstetrics.

### *Treatment of Puerperal Eclampsia.\**

Dr. Arthur Giles said that in order to form a clear judgment as to the value of saline transfusion or any other therapeutic measure in the treatment of eclampsia, it was necessary to make some further differentiation than was involved in speaking simply of eclampsia. It was necessary in the first place to distinguish between renal disease accidentally complicating pregnancy and cases of albuminuria and toxæmia due directly to the pregnancy itself. In the second place, a distinction should be made between a condition of diminished or suppressed excretion and a toxic condition of the blood independent of such diminution or suppression. Primary renal disease was generally associated with imperfect elimination, and in such cases the value of saline injections was doubtful. Here it was preferable to rely on the measures applicable to cases of uræmia apart from pregnancy, namely, hot packs, diuretics, and free purgation. On the other hand, the toxins of pregnancy was not necessarily associated with faulty elimination, and in these cases the best results might be expected from the saline treatment. There was a considerable difference in the prognosis also; in the case of primary renal disease the immediate prognosis was worse, and there was little prospect of cure after delivery; whilst in the toxins of pregnancy the immediate prognosis was better, recovery after delivery was generally complete, and a repetition of pregnancy was not necessarily accompanied by a return of the symptoms. When saline injection was indicated, some authors advocated that it should be combined with venesection in plethoric patients, and it appeared to him that there was a good deal to be said in favor of this plan. The injection of saline solution into the cellular tissue, under the breast, or into the abdominal wall, was often easier and quicker than venous transfusion. It had also been said that it was more efficacious, inasmuch as the fluid became mixed with the serum in the tissues before passing into the general circulation.

Dr. Robert Jardine (Glasgow) said he believed in the toxæmic theory of eclampsia. He had seen three severe cases of eclampsia with macerated fetuses in which the albumin had

been abundant. A very important point was how the maternal system dealt with the waste products. In the first place elimination by the alimentary canal was below the normal. Constipation was the rule in pregnancy, and markedly so in eclampsia. He believed the toxin acted on the kidneys like turpentine and cantharadin. Albumin and often blood appeared, excretion was lessened, and there might be complete suppression of urine. He had brought with him sections from four livers, showing marked evidence of degenerative changes in the cells. He was convinced that the liver played an important part in the destruction of the toxin. He had published a case in which a second attack of profound coma had supervened on the fifth day in which the urine was heavily loaded with bile pigment. The kidneys had been acting very freely, or otherwise the patient would probably have died. Dr. Groves has reported that increased coagulability of the blood caused multiple thrombosis, and thus brought about the fits. He [Dr. Jardine] believed that the fits were caused by the toxin acting directly on the nerve centers. The toxin seemed to him to affect the fetus as it did the mother. He had found albumin in the urine in all cases examined. He had also found it in the urine of several infants whose mothers had had bad albuminuria without fits. Given a toxin in the system, he thought the most rational form of treatment was one which aimed at clearing it out through the natural channels, by acting on the bowels, skin, and kidneys. Diuretics by the mouth were too slow, but by giving a solution such as he used, namely, the normal saline solution, with 1 dram of sodium acetate to each pint, he claimed that diuresis was quickly established. By the second day diuresis was profuse, the poison was diluted, and the whole system stimulated. To test the results of this method of treatment he gave statistics from the Glasgow Maternity Hospital. Dr. Munro Kerr had found that during the last fifteen years 80 cases had been treated. The old methods had given a death-rate of forty-seven per cent., while with the saline infusions there was a death-rate of twenty-four per cent., a fall of nearly fifty per cent. It must be borne in mind that they had to deal with very bad cases, many of them actually moribund. He personally had had three deaths in twenty-two cases. He had great faith in the saline infusion as a remedy.

Dr. Munro Kerr (Glasgow) said that he was much in favor of the employment of saline infusion in eclampsia. Saline infusion was undoubtedly a most powerful, though slow, diuretic. In addition to having a diuretic effect, the infusion acted as a cardiac stimulant and diluted the poison. He quoted cases to illustrate these latter two effects of saline infusion. He considered

\* Obstetrical Society of London.

saline infusion was a most valuable adjunct to the general treatment of the disease. He did not advocate it to the exclusion of such drugs as morphine or chloral, which should be used only if there was much restlessness, and the fits were not at once arrested by saline infusion. As regarded the high fetal and infantile mortality, he thought that while occasionally deaths might be caused by changes in the placenta, it was most likely to be due to the same toxins. He mentioned a case that had been under his care in hospital a few days ago where the child of an eclamptic was born apparently strong, but developed on the second day convulsions followed by coma and death. The infant's urine contained a large quantity of albumin.

♦ ♦

### *Placenta Prævia.*

JAMES ROSS, M. A., M. D.

I would like to draw attention to a statement by Dr. Lyle to the effect that in central or complete placenta prævia the treatment adopted in the Rotunda Hospital is perforation of the placenta and version when necessary. This used to be considered heroic treatment; is it not considered so still?

I was called to see a woman in labor, and found that she had been attended by an unqualified person, who with short forceps took away the whole placenta, and then, becoming frightened, left the case. On examination I discovered the placenta lying in the bed, and still attached to the fetus in utero. The presentation was abdominal. There was no part of the fetus in the cervix, and yet there was no loss of blood after the placenta was detached. The cervix, over which the central placenta prævia had been attached was patulous, and version was easily performed.

This case has always appeared to me to be a convincing proof of the correctness of Barnes' teaching about the treatment of placenta prævia.

### *Topics of the Hour.*

I wish to report a case of *puerperal eclampsia*, with reference to the line of treatment adopted, which I should like to hear criticised. The patient was seven and a half months advanced in her first gestation. She was twenty-four years of age, apparently a healthy, strong, well-developed woman. I had seen her once or twice before her final sickness, and had had one examination of her urine made. Quite a careful analysis

of the urine was made, but there was nothing of importance in the report—nothing alarming, at any rate.

I was called to see the patient in the country, and, there being no trains, had to drive out, reaching her home at 8.30 in the morning, and received this history: That early in the morning, probably about one o'clock, she became restless, and soon afterward had been seized with convulsions, which had recurred during the entire morning, and when I arrived she had had as many as ten; she had one immediately after my arrival, which I could not control. I happened to have some chloroform with me, and as soon as it could be gotten ready I began treatment, sitting by her bedside watching for return of the convulsions, and succeeded in controlling, in a measure, all subsequent convulsions, although she had four, I think, not very profound ones after I arrived, the last one being at 3 o'clock in the afternoon of the same day.

The treatment I adopted in this case was, first assured myself that there was no attempt at labor. The uterus was found to be high up, and there was no dilatation of the cervix. She had suffered at times with some little restlessness, which seemed to indicate labor pains, but we could not tell whether they were really labor pains or not. She was entirely unconscious from the time I saw her. As soon as it could be secured, I gave her forty grains of chloral by the rectum, and injected two pints of saline solution under the skin. I was very much pleased with the effect produced by the salt solution for a time; the pulse was improved quickly and markedly. The general appearance of the patient was much improved; her color returned, changing from a cyanotic condition to quite the natural color; her respirations were reduced also, which before had been thirty-five to forty; they were brought down to below thirty to the minute.

At 10 o'clock in the morning there seemed to be some little evidence of labor approaching, and I began to dilate the cervix as well as I could with my fingers. This, however, was slow work. She was a very muscular woman, and it was exceedingly difficult to introduce my fingers high enough to do any effective work at dilatation. The tendency to convulsions existed all the time up to 3 o'clock. I gave her at 11.30 a large injection of saline solution (two pints) by the bowel, which was retained. Later on in the afternoon I gave her two pints more of the same solution. Altogether she received two quarts under the skin during the day, which I believe had quite a decided favorable impression. It seemed to me that the whole situation was very much improved by this treatment. Later on in the afternoon I gave her another dose of chloral, forty grains, per rectum. In all she received eighty

grains of chloral. I then found that labor was progressing better, and at 6 o'clock in the evening I succeeded in dilating the cervix partially, and at 8.30 applied forceps and delivered her of a small child without any especial difficulty.

There was no evidence of the return of convulsions, although she was unconscious during the night and until her death the next day. However, after the child was delivered, we allowed her to come from under the influence of chloroform; she had been taking it more or less continually during the day, and we had used eight ounces of chloroform all told. As soon as the child was born we gave her three drops of croton oil, followed by large doses of compound jalap powder, which acted promptly, and later on in the evening of the same day acted very freely. After the action of the chloral, salt solution, and purging, she seemed to revive considerably. She became partially conscious; she would respond to questions, would drink water freely, showing that much evidence of return to consciousness. I neglected to do one thing which I regretted, and that was I did not catheterize the bladder before giving the salt solution; but on my arrival at the house I found the bed-clothing and night-gown saturated with urine, so I presumed she had an involuntary discharge of urine during the convulsions in the early morning. About an hour after the first two pints of salt solution had been injected under the skin I catheterized the bladder and found fully a pint of turbid urine, so I can hardly think that urine was secreted before my arrival; probably the bladder was empty when I arrived. I am not certain of this. Later on in the day, after administering the second two pints of salt solution, I again catheterized the bladder and found that the kidneys had resumed action, and the urine was very much improved in appearance. Of course it was albuminous.

She improved during the entire night, and by the next morning I left her quite comfortable. Her pulse did not maintain a condition that I liked, but I gave her some digitalis, hoping for the best, and left her in charge of another practitioner. During the day she did very well until late in the evening, when the doctor telephoned me that she was doing only fairly well. I saw her again Tuesday morning; she was then growing rapidly worse, and died about 12 o'clock on Tuesday.

The only point of unusual interest to me in this case was that this was the first case of puerperal eclampsia in which I have used saline solution, and I cannot help but believe that there is a future for this line of treatment, which reports have already indicated. This woman had ten severe convulsions, with no period of relief during the time extending over seven hours, and I

cannot help believing that if under more favorable circumstances we had gotten to this case earlier, and could have controlled the convulsions with chloroform, and given the salt solution earlier, it would have been good treatment, with a more favorable outcome.—John G. Cecil, M. D., Louisville, Ky.

The proper dietetic restrictions in the *treatment of functional indigestion* are of the greatest importance in securing success, but first the alimentary canal must be thoroughly emptied. For this purpose chologogues may be used, or one or two teaspoonfuls of glycerin in an equal amount of sweet oil, every four hours, until a satisfactory effect is produced. Then in way of food we should avoid that which is difficult to digest, or leaves a large residue to pass through the intestines and be subject to putrefaction. Normally we require a mixed diet for perfect nutrition, and the amount of the vegetable foods should predominate. But animal foods are always more easily digested than vegetable, and they also leave less residue as foreign matter. Hence, in difficult or disturbed digestion animal foods should be mostly used, while coarse and bulky vegetable foods should be avoided. But we should not go to the extreme of using animal foods alone, for the system requires some vegetable constituents for blood formation, and without them anæmia will result. This fact should be remembered in treating diabetes mellitus. Of animal foods beefsteak stands at the head; it is digested and utilized to the extent of about 98 per cent., according to one authority, while raw eggs are second, 97 per cent., and milk third at 96 per cent. On the other hand, oatmeal, in diseased conditions, is practically indigestible, and its laxative effect in health is largely due to the great proportion of waste matter. Besides, it is particularly prone to putrefaction, if evacuation does not soon take place. Fruits are also bad, as a rule, for persons with feeble digestion, because they are apt to set up fermentation, with formation of toxins, which finally attack the proteids and thus destroy the most important elements of nutrition.—Clarence King, M. D., Machias, N. Y.

I wish to call attention to a simple, handy, and *practical posture in labor*, that any accoucheur can avail himself of, and one which will materially assist nature in the completion of a spontaneous delivery. This position is one where the pelvis, while resting upon a flat surface, is brought to the edge of the same, the legs hanging pendent; thus extending the pelvis upon the spine so as to enlarge the measurements of the birth canal, whereby its capacity is materially increased. This position lengthens the conjugate

diameter of the inlet, enabling head to pass more readily through the superior strait into the cavity of the pelvis and later to relax the perineal structures, lessening the risk of rupture, and facilitating the final delivery of the head.

This hanging-leg position has been tried by many obstetrists, and found to materially assist the woman in delivering herself. It is also an efficient aid when the forceps are applied, especially when the "high-forceps operation" is required. It has the sanction of that most experienced operator, Professor Leopold of Dresden, in whose clinic, as I have been informed, women are postured with legs pendent, during the first stage of labor before the head has passed the brim; in such instances this position lengthens the conjugate of the inlet, giving the head more room to pass down. With this increase in the diameter of the conjugate, a decided advantage is gained, and sometimes when the head is arrested at the brim, and the exceptional operation of applying the forceps—the "high operation"—is found necessary, before we can adjust the forceps the head passes the superior strait spontaneously, greatly to the delight of the operator.

After the head has passed the superior strait into the pelvic cavity, the position must be changed, and the legs raised and flexed, resting upon the abdomen. The reason of this is that the forcible extension of the legs (as we have already stated) increases the conjugate of the inlet, while at the same time the antero-posterior diameter of the outlet is lessened. Remembering these facts, when the head reaches the outlet of the bony pelvis, the legs, as we have stated, should be raised, and the head can pass the outlet with the woman on her back in the lithotomy position. The tilting of the pelvis while the woman is in this position—although narrowing the conjugate of the superior strait—will increase the antero-posterior diameter of the outlet. At this stage of the labor, as soon as the head has passed the tip of the sacrum, we place the woman once more in the original Walcher posture. The legs should now hang pendent, so that the integument of the buttocks and all the perineal structures may become relaxed and allow the head to be born without endangering the perineum.

Any obstetrist who will avail himself of the Walcher posture will be greatly gratified with the result, and will find the progress of spontaneous delivery decidedly facilitated.—T. G. Comstock, M. D., St. Louis.

We had two cases of *croupous diphtheria* before antitoxin was invented, and had tried all the best remedies recommended at that day by

the most experienced and best-informed physicians, without benefit, and as we were acquainted with the effect of *jaborandi* on the salivary glands, we concluded, reasoning *a priori*, that it would arouse these glands sufficiently to keep the mouth moist, and ultimately loosen the membrane so it would come away, or that it might be removed. We, therefore, began the use of the fluid extract of *jaborandi*, in doses according to the age of the children, and gave it often enough to keep the salivary glands freely acting, and sustained the children with quinine and iron, occasionally giving a little toddy, and in twenty hours the diphtheritic membrane was loosened and came away. Both the boys were well in a few days, and have been in fine health ever since.—J. A. Reagan, M. D., Weaverville, N. C.

### Overheard.

There is hardly any substance in the *materia medica*, says Dr. J. A. Knopf, which at some time or other has not been recommended as an anti-tuberculous remedy. While I do not believe in going to extremes, saying that we can treat pulmonary tuberculosis without any medicinal substances, I think, nevertheless, that we may reduce their number to relatively few.

—The Mall, at the Pan-American Exposition, is the broad plaisance which passes through the very center of the vast grounds, and across which the tortuous Midway takes its course. Before one lies the Administration Building; within its beautiful gardens, by special virtue and right accorded it, is a handsome brick Venetian edifice, which contains the greatest wonder of all the Exposition—Baby Culture, as practically demonstrated, by the Qbata Company of London, Berlin, and New York. This concession must not be confounded with the Midway. It is a separate and distinct exhibition of the Infant Incubators, from the London and Berlin Institutes, and has for its object the saving of the lives of the poor unfortunate babies who happen to have been prematurely born. Here, surrounded with everything sweet and dainty, you see the little cherubs, nestled in the aluminum and glass cabinet incubators, just like chicks, being coaxed into sturdy life by the aid of science. Every physician will be interested. At the Victorian Era Exhibition this marvelous presentation was the wonder of Earl's Court, London. On exhibition in the building will be hundreds of photographs of the little totlets that have been saved in London, Berlin, and Paris. The admission fee charged here is twenty-five cents.

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two miles from work, making four miles every day in addition to my work, let me know who he is, that I may compare time with him. During the month of January I worked 407 hours; February, 392; March, 358; April, 325; May, 280; June, 316; July, 337; August, 376; September, 337; October, 392; November, 375; December, 337. . . . If you will add up the number of hours, you will find it amounts to 4131, or more than 410 days for the year, and you know there are only 313 working days in the year, so I have worked a year and ninety-six days in the year 1899, wearing your artificial leg every hour of that time, and it has not cost me one cent for repairs. It is as good now as it ever was. The engine that I am firing is one of those big ones that hauls coal from the mines to Pottsville, No. 148. I inclose photograph of my engine, where you will see me at my post of duty. I get all over her with the same ease that I ever did. Sometimes I climb on top of the boiler while in motion. I can tell you more about what I am doing with my leg if you want it. The hard use I am giving your leg and the excellent wear it is giving proves it to be the best in the world.

I am, respectfully yours,

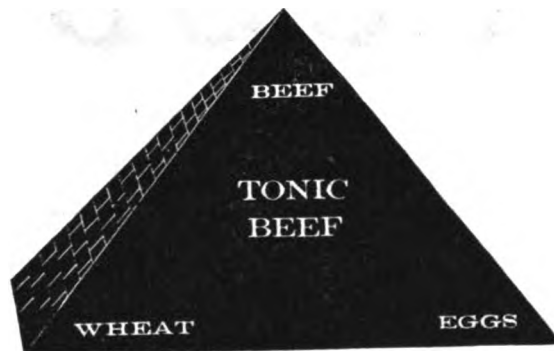
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## *Pleuritis: Its Dosimetric Treatment.*

B. F. UNDERWOOD, M. D.

In this, as in all inflammations and congestions, the dominant of treatment is aconitine, the variants being determined by the ætiology and symptomatology of the disease; that is, the proximate cause and the symptoms present. In most cases aconitine—alone, or in association with veratrine and arseniate of strychnine, the defervescent triad—1 granule, every quarter or half hour until effect, will, in the early or simple congestive or inflammatory stage of the disease, dissipate the inflammation and jugulate the disease.

If there is much febrile excitation, high temperature, rapid pulse, and cerebral disturbance, aconitine and atropine, in association, is effective.

When the pain is severe, bryonine, or the bromohydrate of morphine or of cicutine, 1 or 2 granules every half hour until relief, may be added to the defervescents. If dyspnœa is present, which is apt to be the case if the pain is severe or the inflammation extensive, it may be necessary to add aspidosamine to the other remedies.

In the chronic form aconitine, in association with the arseniate of strychnine, is still the main reliance, to which in the chronic proliferative form we may add iodoform and arseniate of iron, and, when necessary, revulsives, with cicutine or bryonine for the pain.

If the fever assumes, as is often the case, an intermittent character, the hydrobromate, sulphate, and particularly the hydroferrocyanate, of quinine, should be substituted for the aconitine.

The cough, if troublesome, may be quieted with codeine, bromohydrate of morphine, or Gregory's salt, and the dyspnœa, which may result partly from the fever and partly from compression of the lung, will require apomorphine, strychnine, or brucine.

If the effusion, which may be fibro-serous or purulent, and be thrown out more rapidly than it can be taken up on account of the atonic condition of the vessels of the pleural membrane, picrotochine and strychnine should be given to increase the circulation and stimulate the respiratory centers, pushing the strychnine, in doses of 2 or 3 granules every two hours, until its effect is apparent. Apomorphine, in 2-granule doses, with the same amount of caffeine, arbutine, and adonine, four to six times a day, for their tonic and diuretic effects.

Dr. Castro recommends: "If the acute pleuritis is diaphragmatic, the functions of the phrenic nerve may be interfered with, and a particular line of treatment required. Sedatives should be used freely with defervescents and antispasmodics, 3 granules of veratrine being given every half hour until vomiting or contra-stimulation is produced; also, 1 granule of hyoscyamine every two hours until a decided mydriatic effect is obtained. The cause of the pleuritis may also indicate a particular variant in its treatment. Thus, the treatment of pleuritis which is caused by cold should be 6 granules of the nitrate of pilocarpine every quarter hour, or, if given hypodermically, 20 granules in a gram of distilled water. Rheumatic pleuritis calls for the particular effect of colchicine. Pleuritis which is due to albuminuria, tuberculosis, or the eruptive fevers, should be treated mainly with intestinal and cutaneous derivatives, and by the treatment of the cause."

♦ ♦

## *Atropine for Hemorrhage.*

Equipment is a *sine qua non*, both as to matter of knowledge of best and quickest measures of relief, and possession of the means. A granule of atropine injected brings speediest returns. Atropine is a veritable *multum in parvo*, applicable to whatever source of flow. Lungs, stomach, bowels, uterus, feel its touch. Epistaxis yields to its vise-like grip, a few granules of gr. 1-500 fulfilling the requirement. No outfit is complete without it, for it must be first thought of in an emergency. Infants and children take it in suitable dosage.

The list does not end with atropine, though it always begins with atropine. Ergot, turpentine, gallic acid, tannic acid, digitalis, glonoin, morphine—all and others possess reputed claims. Uterine hemorrhage demands ergot and atropine; hemoptysis calls for ergot, gallic acid, turpentine, and atropine. Discrimination must regulate choice. It is safe always to head the list with atropine. Gallic acid may stop bleeding from stomach; here atropine strongly determines result.

Each member of the foregoing group may be advantageously used in properly selected cases.

A round dose of calomel starts the liver, unloads the hemorrhoidal veins, and checks bleeding from the bowels.

Turpentine has been resorted to with advantage in hemoptysis.

Capillaries are flushed by a granule of glonoin on the tongue, engorgement in some part thus removed, and the desired result obtained.

Judiciously applied cold promptly stops the flow of blood. Hemoptysis, epistaxis, hematuria, sometimes acknowledge its beneficent influence. But atropine is the sheet anchor. It may be given first in any case, should never be omitted in an emergency, and may be continued with ever-increasing advantage.

♦ ♦

### ***Wasted Sweetness.\****

E. J. PYLE, M. D.

There is a vast amount of accumulated trash in the old-time drug shop, authorized still by our pharmacopœia, that should be swept out of existence. No medicine should be administered that abstracts energy or whose beneficial action cannot be readily demonstrated. Syrups are no longer in accord with practical therapeutics, but an enormous quantity is still consumed, and particularly by proprietary recommendations. Through the public press medical knowledge is becoming part of a general education. When the people come to a right knowledge of the uses and abuses of cane sugar, and thoroughly comprehend what has been and is given them under the guise of "syrups" and "elixirs," they will settle the question themselves, without waiting for unanimity among doctors.

"The trend of modern medicine is to study a few remedies scientifically and to apply them rationally. Experience has well demonstrated that the sick need only a few simple measures. The physician who makes disagreeable work of prescribing has something yet to learn of vital interest to his patient and not a little to himself. Rarely is it necessary to use a menstruum other than cold water. Habit, however, is not easily overcome, and for those whose "medicines" are mostly menstrea or who rely absolutely upon the prescription pad for "stock in trade," there is need of a pharmaceutical product that will serve the purpose of an agreeable vehicle, and at the same time have properties of a digestant and tonic restorative."

The dosimetric granules meet the requirements exactly, cito, tuto et jucunde. They are easy to administer, their therapeutic activity is great, but under perfect control, and properly given they do not disturb the stomach or other organs, and aid instead of opposing the restorative forces of the system.

\* Med. Sum.

### ***Alkaloids and Their Actions.***

W. Murrell states in the Medical Press and Circular of December 10, 1900, about the advantages of alkaloids. He tells us that there is one important point to remember about alkaloids, which is that many so-called alkaloids are not pure alkaloids, but simply a mixture of alkaloids. Daturine is commonly said to be the alkaloid or active principle of *datura stramonium*, but, as a matter of fact, there is no such substance as daturine. What is sold as daturine is simply a mixture of atropine and hyoscyamine. Recent researches have shown that atropine and hyoscyamine are one and the same body, prepared from different plants and by different processes, from which it follows that daturine is simply atropine under another name. There are many examples of this confused nomenclature; for example, duboisine is simply hyoscyamine, in other words atropine. Pituri, obtained from *duboisia hopwoodii*, is simply nicotine, and the list might be extended almost indefinitely.

Dr. Murrell states that he is often asked to indicate in actual practice what are the most valuable alkaloids, and if he had to draw up a list of a dozen, the following would be his selection:

1. Morphine.—This is the chief and most important alkaloid of opium and represents its physiological activity. It matters little which of the salts of morphine is employed,—the hydrochlorate, the acetate, the sulphate, or the tartarate—all being active. They allay pain and spasm and induce sleep. Small doses of morphine, frequently repeated, are of the greatest value in allaying the cough of early phthisis. Codeine is simply a weak morphine, and, if we have the primary and more active alkaloid, we can readily dispense with the services of the weaker.

2. Quinine.—This is commonly given in the form of sulphate dissolved in water, to which a little dilute sulphuric acid has been added, as many minims of the dilute acid as there are grains of the sulphate of the mixture. This forms a perfect solution. In 2-grain doses three times a day it is a useful tonic, while in larger doses, 10 or 15 grains or more, it is by far the less antiperiodic and is of great value in malaria, supraorbital neuralgia of malarial origin, and a number of similar diseases.

3. Atropine.—This is the chief alkaloid of belladonna and some allied species, and will check the night sweats of phthisis and other forms of hypersecretion. It may be given either by mouth or hypodermically, and in the latter case a single dose of 1-60 grain, or even less, will usually effect a cure. Its action in dilating the pupil, and its value in iritis, syphilitic and otherwise, are well known. Its derivative, homatropine,

pine, is undoubtedly useful, but in the hands of a skillful physician the major alkaloid will effect all that is necessary.

4. Strychnine.—This, the chief alkaloid of *nuxvomica*, is always found in conjunction with *brucine*. It is most useful as a nerve tonic, and is usually given in acid mixtures. Employed hypodermically in doses of 1-12 of a grain, once or twice a week, it improves the nutrition of the muscles and restores warmth to the limbs in infantile paralysis, and in many cases of chronic hemiplegia. *Brucine* is comparatively rarely employed, and would only be indicated in the absence of strychnine.

5. *Pilocarpine*.—This alkaloid has many advantages over the crude drug *jaborandi*. Administered hypodermically in doses of from 1-3 to 1-2 grain, in the form of the nitrate or hydrochlorate, it induces profuse sweating or salivation. The patient should be in bed at the time in a warm room, and between blankets. In the initial stages of a cold, and in many forms of Bright's disease, it is invaluable.

6. *Aconitine*.—The active principle of *aconite* is of use in many forms of obstinate neuralgia, such as *tic-douloureux*. It is difficult to give definite directions with respect to dosage as different "makes" of this alkaloid differ enormously as to activity, but with the very best *aconitine*, 1-240 grain in pill, three times a day, a definite physiological action should be induced. As a local application the ointment of *aconitine* is most useful, but a certain amount of care must be shown in its employment. A piece not larger than a bean should be rubbed in, and care should be taken that it does not come in contact with an abraded surface or with the mucous membrane of the eyes or mouth.

7. *Apomorphine*.—This is a derivative of *morphine*, and is obtained by heating *morphine hydrochloride* or *codeine hydrochloride* in sealed tubes with hydrochloric acid. The hydrochloride is the salt in use. Given hypodermically, it is the most powerful emetic known. It will completely evacuate the contents of the stomach in less than one minute without producing cardiac depression. The ordinary dose for the purpose is 1-10 gram. Given by the mouth it produces neither nausea nor emesis, but acts as a powerful expectorant. The dose for the purpose is from 1-10 to 1-4 grain. If the 1-100 solution is employed, it may be made into a linctus or mixture of syrup of tar. *Apomorphine* speedily gets darker on being exposed to light, but this change in color in no way impairs its efficacy. It may be prevented by the addition of a drop or two of dilute hydrochloric acid.

8. *Physostigmine*, or *Eserine*.—This contracts the pupils when applied locally, and is invaluable in ophthalmic practice. Its chief use is in

the treatment of glaucoma. For internal administration we have the hydrobromate, salicylate, and sulphate, which in doses of 1-60 to 1-20 grain have been used with benefit in tetanus, chorea, and in chronic cases of paraplegia.

9. *Cocaine*.—The use of cocaine as a local anæsthetic is so well known that it is hardly necessary to say anything about it. It is difficult to know what one should do without so useful a remedy. One of its most valuable properties is that of dilating the pupil. Of course, it has its disadvantages, and many substitutes for it have been introduced,—*eucaine B*, for example,—but it still holds its own.

10. *Caffeine*.—This is only a weak alkaloid, but it forms salts that are more or less stable. The citrate caffeine is a good diuretic, but its chief use is in the treatment of neuralgia and the various forms of migraine and sick headache. A combination much affected by the laity is 4 grains of phenacetine with 1 grain of citrate of caffeine. Phenacetine, even in these doses, is not a particularly safe remedy, and is apt to give rise to cyanosis, dyspnoea, and other disagreeable symptoms.

11. *Gelsemine*.—By *gelsemine* is meant the pure alkaloid, a yellowish-white microcrystalline powder. It is not the same as *gelsemin*, the powdered alcoholic extract, which is a pale brown color, and is much less active. The alkaloid is usually given in 1-60 grain, often in the form of a pill, with sulphate of quinine or butyl-chloralhydrate. It is an admirable remedy for neuralgia, especially the form affecting the lower branches of the fifth nerve.

12. *Colchicine*.—The alkaloid of *colchicum autumnale* is far less appreciated than it ought to be. It is a very active remedy, and a dose of 1-60 grain, three times a day, is ample. An excellent pill is composed of 1 grain of calomel and 1-60 of colchicine. As a rule it does not purge if given three times a day, but very speedily affords relief, not only in gout, but in that far more common affliction which we call goutiness.

The intelligent physician, armed with these twelve alkaloids, and knowing how to use them, would be in a position to treat almost any medical case that might fall to his lot.—*Therapeutic Gazette*.

In his introduction to the "Manual of Dosimetric Treatment" Dr. Toussaint says: "From the study of the record of my cases since I have followed the dosimetric method I have found that the number of remedies I have employed in the treatment of acute diseases did not exceed twenty, and that with a few additions these would suffice also for the treatment of chronic

disease." The list as given by Dr. Toussaint is as follows:

Arseniate of strychnine, sulphate of strychnine, buccine, caffeine, aconitine amorph., digitaline amorph., veratrine, hyoscyamine, atropine, morphine chlorohy., codeine, calomel, santonine, colchicine, camphor monobromate, pilocarpine nitrate, emetine, ergotine, quassine, quinine.

It is beyond question that with a few remedies the therapeutic value of which he perfectly understands, the physician is much better fitted to treat diseases than with a great many remedies about which he knows a little. As Huxley puts it: "We greatly prefer as our physician the one who has a thorough knowledge of his profession only, rather than one who knows a little of everything, including medicine."

As the physician grows in experience, and presumably in wisdom, he confines himself to fewer remedies, and especially to those that he has proven to be reliable in a large degree to the alkaloids and the fixed principles, because with these he can predicate the result with certainty.

♦ ♦

#### *Gelseminine for Delirium Tremens.*

C. J. Douglas, M. D., in the New York Medical Journal, criticises a recent article on the treatment of delirium tremens by large doses of digitalis and restraint, and contrasts it with his own treatment by apomorphin in anodyne doses, together with the gradual withdrawal of alcohol and nourishment. He says that in delirium tremens he never uses forcible restraint, never suddenly withdraws alcohol, and has never had a death.

In the treatment of delirium tremens gelseminine should always be borne in mind, for it comes as near being a specific in these cases as any remedy in the materia medica. In my own practice I have never failed with gelseminine.

♦ ♦

#### *Potassium Bicarbonate in Colds and Influenza.*

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agreeable symptoms and lessening the special proneness of the disease to complications. Under potassium bicarbonate and rest I have never had to wrestle with prolonged prostration and remote recoveries—not even in the weak and elderly. A recent influenza patient, who will be one hundred years old next September, though in the first stage of pneumonia when I saw her first, rapidly improved under the administration of potassium bicarbonate and is now well."

Still better than the bicarbonate is the bichromate, which is applicable to the more grave forms of laryngitis and pharyngitis, croup, membranous as to the milder forms, angina, etc., Given dosemetrically, it can be safely pushed until the effect is obtained.

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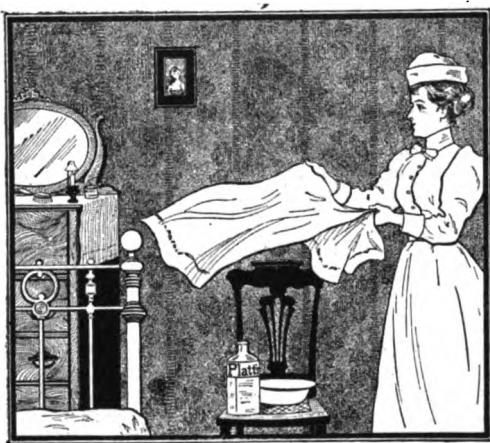
always complaining of a feeling of depression, loss of energy, restlessness, insomnia, and a general feeling of "je ne sais quoi"; and while these symptoms may indicate a certain form of neurosis or nervous debility, he is at a loss as to what to prescribe, for while there are numerous remedies for nervous diseases, he is often puzzled as to which to use. It is in this class of cases that **CELERINA**, a combination of Celery, Coca, Kola, and Viburnum, is indicated, for while not acting as an unnatural stimulus, it soon restores the tired and jaded nervous system to its normal condition, and brings about a feeling of buoyancy and energy that will be pleasing and surprising to both physician and patient, and will induce him to confirm the verdict of his brethren all over the world as to the virtues of this preparation. It is put up in elegant and palatable form, and being made of the best material in large quantities, it is always uniform and certain in its results.

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Fig. XVII—Dorsal Position.

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There are many conditions  
of advancing life in which

## **Fellows' Syrup of Hypophosphites**

is beneficial, viz.—

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Assimilative Organs.

Circulatory Organs.

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The value of a **stimulant** in the enfeebled digestion of the aged has been recognized from the earliest time.

For those who decline to accept the aid of wine, and who need something of a stimulant character to rouse the flagging powers of digestion, **Fellows' Syrup of Hypophosphites** offers special advantages. In all conditions commonly met with in persons of Advancing Life, a tonic like **Fellows' Syrup** is clearly indicated.

**Dr. Milner Fothergill** wrote: "It (**Fellows' Hypophosphites**) is a good all-around tonic, specially indicated where there is Nervous Exhaustion."

**SPECIAL NOTICE.**—**Fellows' Syrup** is advertised only to the Medical Profession; is never sold in bulk, and physicians are cautioned against worthless substitutes.

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